

COUNTY COUNCIL OF ESSEX



ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1969



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J. A. C. FRANKLIN, M.B., B.S., D.P.H.
PRINCIPAL SCHOOL MEDICAL OFFICER
85/89 NEW LONDON ROAD, CHELMSFORD
Tel. Chelmsford 53233



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P R E F A C E

85-89 New London Road,
Chelmsford.

October 1970

To The Chairman and Members of the Education Committee

It is my pleasure to present as Principal School Medical Officer my Annual Report for the year 1969. As is customary, the report which includes the report of the Principal School Dental Officer, has been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other senior members of staff of the Department who are concerned particularly with the School Health Service.

The report differs very little in detail from its predecessors and no major changes or trends are indicated. It does however serve once more as a record of work carried out in the interests of the children of Essex. The function of the service remains as ever - to keep under supervision the children of the County while in their formative years at school and to identify those who require special help whether medically or educationally.

The selective system of medical examinations is now operative throughout the Administrative County and most of the teething problems seem to have been overcome. The number of children selected for examination appears to be somewhat higher than expected but no doubt there will be a diminution with increasing experience of the new system.

The availability of suitable accommodation in which to carry out school medical inspections continues to pose problems at many schools and it is hoped that some answer to this particular problem can be found in the not too distant future.

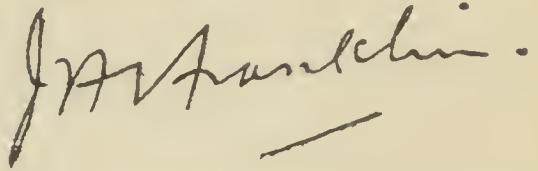
Once again I have to report that due to shortage of staff the Speech Therapy Service has had to operate on a reduced scale. Every effort is continually being made to recruit additional Speech Therapists but with almost negative results.

It is pleasing to note that there is an increasing awareness of the need for health education and help is being sought by both secondary and primary schools. The extent to which this service can be expanded is of course limited by the availability of trained staff.

In conclusion I have pleasure once more in recording my thanks and appreciation to the Education Committee for their consideration and support

throughout the year, to the Chief Education Officer and his staff for their helpful co-operation and to my own staff and all others who have been concerned in any way with the School Health Service.

I am ladies and gentlemen, your obedient servant.

A handwritten signature in cursive script, reading "J. H. Franklin." with a period at the end. The signature is written in dark ink and is positioned above the printed title.

Principal School Medical Officer

COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE
(as at 31st December 1969)

Chairman: Alderman Brigadier J. T. de H. Vaizey, C.B.E.
Vice-Chairman: Mrs. B. C. Platt, M.A., C.Eng., A.F.R.Ae.S.

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G. C. S. Curtis, O.B.E.
J. E. Daniels
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R. W. Dixon-Smith
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T.D., M.A.
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R. K. Hayward
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D. R. Savage
J. V. Story
Mrs. E. M. Tuck
C. L. Tuckwell
C. V. Ulyatt
Brigadier J. C. B. Wakeford, C.M.G.
D. M. Warner
L. A. Welch
H. Williams
P. R. Wormell

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Mrs. L. E. Davidson
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J. W. Lobley

A. C. Moles, M.B.E.
W. A. Nichols, J.P.
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F. C. C. Edmonds, M.A.

H. Marriot, B.Eng., B.Sc.(Econ.), F.I.E.E.
G. H. R. Newth, M.A.

Persons of Experience in Education:

C. R. Allison, M.A.
Mrs. M. E. Edwards
L. F. Grant, O.B.E.
W. G. Ingram, M.A.

The Rev. Canon M. M. Martin
P. S. Powell
The Rev. F. J. Saurin
L. S. Webb

Representatives of Teachers:

B. A. B. Barton
Miss M. A. L. Collier

Miss W. J. Dalton
A. Dyer
S. E. Rhodes

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December 1969)

CENTRAL OFFICE

Principal School Medical Officer:

J. A. C. Franklin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:

R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer:

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.P.H., D.C.H., L.M.

Principal School Dental Officer:

J. C. Timmis, L.D.S., R.C.S.

Superintendent Nursing Officer:

Miss J. F. Carré, S.R.N., S.C.M., Q.N., H.V.Cert.

County Health Inspector:

M. E. Rousell, M.A.P.H.I.

Statistician:

W. H. Leak, B.A., F.S.S.

Health Education Organiser:

C. E. Williams, M.R.S.H.

DIVISIONAL STAFF

Divisions	Divisional School Medical Officers
North-East Essex	John D. Kershaw, M.D., M.R.C.P., D.P.H.
Mid-Essex	J. L. Miller Wood, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	D. A. Smyth, M.B., B.S., C.P.H., D.P.H.
Thurrock	T. D. Blott, B.Sc., M.B., B.S., D.P.H.
West Essex	J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
Harlow	I. Ash, M.D., D.P.H.
Basildon	P. X. O'Dwyer, M.B., B.Ch., D.P.H.
Colchester	John D. Kershaw, M.D., M.R.C.P., D.P.H.

OTHER DIVISIONAL STAFF

(excluding staff employed by Regional Hospital Boards)

	Number employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers	75	23.6
Area Dental Officers	8)	28.2
Dental Officers	43*)	
Health Visitors/School Nurses	247	63.1
Dental Surgery Assistants	48	33.8
Speech Therapists	14	9.5
Psychiatric Social Workers	4	3.4
Social Workers	8	6.2

*Includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1969 was 1,149,980 of whom approximately 184,100 were children of school age (i.e. 5 - 15 years).

School Population Mid-Year 1969

	Primary Schools	Secondary Schools	Total
North-East Essex	13,411	7,344	20,755
Colchester	7,925	6,519	14,444
Mid-Essex	27,118	17,292	44,410
South-East Essex	14,489	7,822	22,311
Thurrock	12,425	8,612	21,037
West Essex	14,110	9,231	23,341
Harlow	10,963	8,662	19,625
Basildon	15,781	9,818	25,599
Boarding Schools	-	727	727
Total 1969	116,222	76,027	192,249
Total 1968	112,037	72,245	184,282

Number of Schools

Primary Schools	514
Secondary Schools (including grammar schools) .	110
Technical and other Colleges	10
Nursery Schools	2
Special Schools for handicapped children . . .	19

Distribution of Special Schools

The 18 Special Schools in the Administrative County (excluding Notley Hospital School) cater for handicapped pupils in the following way:-

Category of Handicapped Pupil	Divisional Executive	Schools	Residential Schools	Sex	Accommodation
Educationally Subnormal	Colchester	1	-	Mixed	130
	Mid-Essex	-	1	Male	58
	Mid-Essex	1	-	Mixed	110
	S.E. Essex	1	-	Mixed	110
	Basildon	2	-	Mixed	250
	Thurrock	2	-	Mixed	260
	West Essex	-	1	Female	65
	West Essex	1	-	Mixed	110
	West Essex	-	1	Male	110
	Harlow	1	-	Mixed	130
Total		9	3	-	1,333
Maladjusted	N.E. Essex	-	2	Male	90
	Basildon	1	-	Mixed	50
	West Essex	-	1	Mixed	40
	Total	1	3	-	180
Delicate and/or physically handicapped	N.E. Essex	-	1	Mixed	90
	Thurrock	1	-	Mixed	100
	Total	1	1	-	190

Children in Hospital Schools at end of 1969

During 1969 the number of children admitted to the Notley Hospital School was 341 and the number remaining on the roll at the end of the year was 44.

Number of School Clinics

Minor Ailments	39
Dental	53
Ophthalmic	19
Speech Therapy	40
Physical Medicine	6
Orthoptic	6
Enuresis	7
Audiology	4
Further details are referred to in Appendix L.	

MEDICAL INSPECTIONS

During the year ended 31st December 1969, 33,413 pupils were seen at periodic medical inspections and 17,911 at special inspections in comparison with 41,584 and 19,010 for the previous year.

Selective School Medical Examinations

The scheme for selective medical inspections continued to operate in the whole of the administrative County during 1969. Briefly the scheme functions as follows:-

All children are examined during their first year in school.

The intermediate examinations at 10/11 years is now replaced by two selective examinations at 8/9 years and 12/13 years. In each case the child's parents are asked to complete the questionnaire. The doctor examines the questionnaire and arranges the examination of any children about whose health either teacher or parents have expressed concern.

School leavers are given a short interview by the doctor supported again by a questionnaire. The doctor may carry out a clinical examination if it appears to be necessary.

The principal change in the new scheme is the substitution of the two selective examinations for the intermediate examination of the 10/11 year olds. The scheme envisages that the doctor will be able to devote more time to children with particular health problems and spend proportionately less time on the healthy majority.

As part of the new scheme, health visitors and clinic nurses are testing the vision of every child over the age of seven annually. One might expect that this would result initially in a large number of children being referred to eye clinics and some eye clinics did show longer waiting lists; however, the figures for the whole year do not indicate any increase in the numbers referred.

Another important change has resulted from the introduction of the selective medical examination. Now that Health Visitors and Clinic Nurses are visiting the schools more frequently it has been decided to discontinue the routine cleanliness inspection of school children. However, the medical and nursing staff have been asked to keep a watchful eye for any signs of infection, when more comprehensive measures would then be taken.

Findings at Medical Inspections

(see also Appendix A)

Physical Conditions of School Children

The number of children found to be unsatisfactory at medical inspections increased from 46 in 1968 to 59 in 1969. A total of 2,991 pupils were found to require treatment, 641 less than in the previous year, leaving 30,422 free from defects.

Periodic Medical Inspections: number of children with defects 1969

Age Groups inspected (by year of birth)	Number of children inspected.	Number of children with defects requiring treatment	Ratio of children with defects to children inspected
1965 and later	279	10	1 : 27.9
1964	6,164	549	1 : 11.2
1963	8,279	773	1 : 10.7
1962	1,218	95	1 : 12.8
1961	461	43	1 : 10.7
1960	3,098	275	1 : 11.3
1959	1,380	117	1 : 11.8
1958	682	68	1 : 10.0
1957	1,155	78	1 : 14.8
1956	1,330	94	1 : 14.1
1955	2,186	179	1 : 12.2
1954 and earlier	7,181	710	1 : 10.1

Percentage found to require treatment

	Defective Vision	Other Conditions
1965 and later		3.58
1964	1.61	7.48
1963	1.36	8.17
1962	2.05	5.83
1961	4.12	5.64
1960	3.32	5.84
1959	2.68	6.09
1958	5.28	5.28
1957	3.20	3.72
1956	3.76	3.38
1955	4.85	3.61
1954 and earlier	6.43	3.58

A total number of 33,413 pupils received a full medical examination, a decrease of 8,168 compared with the previous year. Under the “Selective System” 14,181 pupils (for whom questionnaires were completed by the parents) were found not to warrant a medical examination.

The percentage of pupils requiring treatment for defective vision decreased generally at all primary school ages but a slight increase was noted as compared with "school leavers" the previous year.

Cleanliness Inspections

During 1969, 134,060 pupils were inspected and 598 were found to be infested compared with 148,553 and 443 last year. Forty-two cleansing notices were issued under Section 54 (2) of the Education Act 1944 and 14 cleansing orders under Section 54 (3).

The percentage of children inspected and found to be infested was 0.45 which is slightly higher than last year.

School Meals Service and Milk in Schools Scheme

The Chief Education Officer has once again been kind enough to arrange for me to have a report on the School Meals Service and Milk in Schools Scheme as shown in Appendix B.

Treatment of Defects (see also Appendix)

Diseases of the Lungs

Sixty pupils were found at periodic school medical inspections to need treatment for diseases of the lung; 34 as school entrants, 15 school leavers and 11 others. In addition, 799 pupils were recommended to be kept under observation.

At special inspections a further 12 pupils were found to require treatment and 53 were referred for observation.

As in the past, Ogilvie School, Clacton-on-Sea, continued to admit children with lung conditions sufficiently severe to classify them as 'handicapped' pupils.

Heart Disease

At periodic medical inspections during 1969, 52 pupils were found to require treatment for heart conditions and 489 were referred for observation, 34 and 333 of these, respectively, were found amongst school entrants. In addition, 6 pupils were found at special inspections to require treatment and 33 were referred for observation for heart defects.

Diseases of the Ears

Hearing

The number of children found at periodic medical inspections to require treatment for hearing difficulties decreased from 325 in 1968 to 287 in 1969. 202 of these were found in the "entrants" group. Those referred for observation also decreased from 1,175 to 971; 672 being in the "entrants". Over and above these figures 59 pupils at special inspections were found to require treatment for hearing defects and 178 were referred for observation.

Otitis Media

During the year 39 pupils were found at periodic inspections to need treatment for otitis media and 393 were referred for observation. Once again the majority, i.e. 26 and 299 were found in the new school entrants.

Other.

Fifty-nine pupils were found at periodic inspections to require treatment for other defects of the ear as against 12 for 1968 and the number of pupils referred for observation increased from 225 to 251. Six pupils were found at special inspections to need treatment for other ear defects and 16 were referred for observation.

Orthopaedic Defects

Posture

The number of pupils found at periodic medical inspections to require treatment and observation for postural defects dropped from 36 and 295 in 1968 to 26 and 209 in 1969. In addition, 5 pupils were found at special inspections to require treatment for postural defects and 28 were referred for observation.

Feet

During 1969, 146 pupils were found at periodic medical inspections to require treatment for defects of the feet and 1,040 were referred for observation. The majority of these, i.e. 89 and 715 were once again in the entrants group.

At special inspections 23 pupils were referred for treatment and 75 for observation for defects of the feet.

Other

Fifty-two pupils were found at periodic medical inspections in 1969 to require treatment for other orthopaedic defects, 59 less than 1968 and 488 were referred for observation, a decrease of 361.

Skin Conditions

During the year the number of children found at periodic medical inspections to require treatment for skin conditions was 240, i.e. 20 less than in 1968 and the number referred for observation also dropped from 1,129 to 980. Included in the figure of 240 was 6 cases of scabies and 4 of impetigo.

Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1968:-

	1969	1968
External and other eye diseases, excluding errors of refraction and squint	131	144
Diseases of the ear, nose and throat (non-operative treatment)	185	206
Skin diseases, excluding uncleanliness	1,429	1,775
Miscellaneous minor ailments (including enuresis)	1,581	1,341

Enuresis

During 1969 the Enuresis Clinic at Harlow continued to operate, and the following report has been received from Dr. I. Ash, Divisional School Medical Officer:-

With a larger establishment of medical officers and with all the posts filled it was possible to increase the number of clinics once again to three a fortnight. In spite of this there is still a long waiting list.

The clinic appears to render a very useful service and it is hoped that further sessions may be added in the ensuing year.

Children are normally treated for at least six months so that the figures shown below do not reflect, therefore, the improvement achieved by the addition of the two extra sessions in the middle of the year.

At the end of 1969 there were still 70 children under treatment. This compares with 34 children under treatment at the end of 1968 when there were fewer clinic sessions.

I give below an analysis of the cases discharged:-

	New cases	Old cases	Receiving further treatment after relapse
Cured	- (2)	7 (19)	1 (3)
Great improved	- (-)	- (1)	- (-)
Failed to continue treatment	4 (4)	8 (12)	1 (3)
Referred to Child Guidance Clinic	1 (1)	- (6)	- (-)
Temporarily closed	2 (-)	- (2)	- (1)
Closed at parents request	8 (-)	1 (3)	1 (-)
Spontaneous recovery	2 (5)	1 (-)	- (-)

Note: The figures in brackets relate to 1968

Diseases of the Eye and Defective Vision

At periodic medical examinations during 1969, 3,819 children were found to have diseases of the eye, made up as follows:-

	Requiring Treatment	Observation
Vision	1,007	2,060
Squint	151	381
Other Defects	27	193
	<u>1,185</u>	<u>2,634</u>

Recuperative Holidays

Sixty seven children were provided with recuperative holidays during 1969 under arrangements made through the School Health Service.

SPEECH THERAPY

The following table gives details of speech therapy referrals etc. for 1969 with comparable figures for 1968:-

	1969	1968
Referred for Speech Therapy	1,008	1,229
Commenced treatment	855	779
No. receiving treatment at end of year	826	870
No. on waiting list at the end of year	442	484
Total treated during year	1,259	1,547

CHILD GUIDANCE SERVICE

The Child Guidance Service continued throughout the year and details can be found in Appendix D.

The following is an extract from a report made by Dr. J. Vincenzi, Medical Director at Chelmsford Child Guidance Clinic:-

"Cases referred to the Clinic

The number of cases referred to the Clinic during 1969 was 349. At St. John's Hospital Clinic 36 cases were referred, and 34 girls were seen at Newport House Remand Home. These figures, although very slightly lower than for 1968 are much higher than in the past, when the overall average yearly figure was in the region of 300. The main source of referral was still via the School Psychological Service, with School Medical Officers, General Practitioners and parents being other important referring agents. The average waiting time between referral and diagnostic appointment lengthened from 6 to 10.1 weeks. This no doubt resulted from the fact that cases of a more serious nature were referred, necessitating more frequent and longer treatment appointments.

The number of new cases seen by the Psychiatrist was 247, with 64 on the waiting list at the end of the year. Contact had, of course, been made by the Social Workers with the parents of all 64 children on the waiting list, and in some cases they had also been seen by the Educational Psychologist. The number of cases awaiting their first interview with a member of the professional staff at the end of the year was only 5. There were 1,373 attendances of children for psychiatric appointments, and for each of these two, and sometimes three, interviews were given: (one for the child, and one, and sometimes two, with the parent).

Clinic Sessions

The Psychiatrists held 418 sessions here during the year. Included in this figure were 22 part sessions for attendance at Newport House Remand Home, the arrangement being that if the number of girls to be seen on one particular day did not warrant a full session, the remainder of the time was devoted to interviews within this Clinic. The number of sessions held at St. John's Hospital was 23.

In addition to Home Visits and interviews at the Clinic, the Social Workers have continued with group therapy for mothers, the sessions coinciding with the play therapy sessions organised and run by the Remedial Teachers.

Each week during 1969, 112 children have attended for remedial teaching or play therapy, and more than half of these were also under the care of the Psychiatrists. The annual attendance was 2,880, with an additional 336 interviews earlier in the year for psychotherapy.

Enuresis alarms were loaned to 22 children during the year.

Units for Disturbed Adolescents

Included in the referral figures for this year were a number of disturbed adolescents. At least 4 needed admission to an adolescent unit had this been available. Much less satisfactory substitutes had of necessity to be used.

Placement of E.S.N. and Maladjusted Children

As mentioned in the Report for 1968, there is still an urgent need for more places in day E.S.N. schools; and for severely disturbed children a day school for maladjusted children, based on Chelmsford, would be of the greatest value in helping the problems of this type of child."

Dr. J. N. Runes, Medical Director of the Basildon Clinic, writes as follows:-

"Staff Changes

The Clinic is now fully staffed as regards psychiatric sessions. The two sessions which were attended by a Locum have now been definitely filled with the addition of one extra session. This arrangement should help to keep our waiting list sufficiently low so as to avoid undue delay in seeing our patients. We now have our full quota of two Educational Psychologists but the social work for this Clinic, as well as the Thundersley Clinic, has to be done by our only Social Worker. At the moment there seems to be no prospect of filling the vacancies of Psychiatric Social Workers or Social Workers and one cannot help feeling that the difficulty of finding suitable candidates is mainly financial. It appears that the salaries offered are not really adequate by comparison with other areas.

Treatment

We have a number of children who require regular psychotherapy, which we are not able to offer at present. The post of Psychotherapist has remained unfilled for a number of years. For those children who also show some educational failure we can offer attendance at our Tutorial Centre.

I have continued the long-standing co-operation with the Paediatrician of St. Andrew's Hospital by arranging regular Joint Clinics which are held alternately at the Basildon Clinic or at St. Andrew's Hospital Out-patient Department.

In many other areas it is now regarded as essential that the Child Psychiatrist is offered one or two weekly sessions at the local hospital. So far as I know, there is no similar arrangement envisaged for the new district hospital at Basildon. I feel that such an arrangement would be of great benefit to our Clinic and would possibly help in the treatment of children and adolescents who will be admitted to the hospital.

Meetings

We had our regular clinical conferences which were occasionally attended by Headmasters, Children's Department Officers, school counsellors and Probation Officers, who are concerned with some particular cases. We have also offered facilities for introducing to child psychiatry Health Visitor Students, as well as students from colleges.

Referrals

The number of referrals has remained almost stationery and it appears that we are about to reach a ceiling.

School refusals remained the often intractable problem particularly in young adolescents. As no Adolescent Unit has been established in this region we have to apply to other areas, in particular the Adolescent Unit in Kent, to help us with our difficult cases by admitting them. We have no difficulty at present with younger children as the two psychiatric units appear at the moment, adequate for the purpose. However, it becomes evident that a distant unit in Colchester or at

Leytonstone is inappropriate for younger children who require hospital treatment but should not be separated over long periods from their parents. For those children a local placement if available, would be preferable.

Day School for Maladjusted Children

We have welcomed the establishment of a local day school for maladjusted children which we hope will reduce the necessity for placing children, especially younger ones, away from their homes. The recently appointed second Consultant, Dr. Danos, is also entrusted with the psychiatric supervision and in that way a close connection with the Clinic can be maintained."

Dr. J. Waldman, Medical Director of Loughton Child Guidance Clinic writes as follows:-

"The following are the salient features of our activities over the past year:-

- (1) As regard two major developments - (a) being regarded as an autonomous clinic and (b) moving to new premises, we have been largely marking time, awaiting developments on administration and planning levels.
- (2) Clinically we have continued to benefit by having a full clinic team including a psychotherapist. This has enabled us better to handle the matter of training students who continue to be sent to us from the Barking and Stevenage Colleges of Education (Certificates of Social Work Course and Child Care Course).
- (3) There are two particular areas which have received special attention - (a) co-ordination with other Services, particularly Child Care, Probation Service and other County Social Agencies, partly with a view to improving our communication structure and partly with a view to the setting up of a multi-disciplinary group with the particular dynamic slant which our therapist would be capable of bringing to such a group, and (b) assist in the development of a youth consultation service, partly in association with a voluntary group which has been engaged for some years in the setting up of such a service. In the light of how this develops, it may be that various Authorities - the North East Regional Hospital Board and the Local Education and Health Authorities, would be approached with a view to such a service being formally staffed.

As regards our day to day functioning, the growing awareness of the service which we have to offer to the community and the decreasing stigma on attendance, has meant a corresponding demand on the services over the past year."

Referrals

The following table shows the number of referrals to Child Guidance Clinics and the sources:-

Source of Referral	Number	Per Cent
School Medical Officers and Health Visitors .	278	18.0
General Practitioners	311	20.0
Consultants	84	5.4
Educational Psychologists	364	23.4
Head Teachers	120	7.7
Children's Officer	89	5.7
Probation Officers	25	1.6
Magistrates	10	.6
Direct referrals	227	14.6
Others	47	3.0
Total	1,555	100.0

The School Psychological Service

Once more I am indebted to the Chief Education Officer for the Report by the Psychologist to the Education Committee which can be found in Appendix D.

AUDIOLOGY SERVICE

The Audiology Clinics in Chelmsford, Colchester and Rayleigh continued throughout the year under the supervision of Dr. A. N. Cammock. The following comments have been received from the Divisional School Medical Officers:-

Chelmsford

Otology Clinic sessions have been held regularly at Springfield Green Clinic, with Dr. Cammock, Consultant Otologist, in charge. Here infants and children's hearing has been assessed; provision of hearing aids has been initiated where required; referral to local Ear, Nose and Throat Specialists has been made for children requiring surgery; children with hearing loss have been followed up; and much liaison work has been done. The audiograms at these sessions have been carried out by the peripatetic teacher of the deaf, who gives the pre-school children auditory training in their homes and visits the schools, where there are partially hearing children.

In November and December Dr. Cammock conducted a two session audiology training course for Health Visitors and Clinic Nurses, which was much appreciated.

Rayleigh

Working arrangements at the Audiology Unit at Rayleigh Clinic continue to function satisfactorily. Dr. Cammock now attends the Unit twice monthly and there is no appreciable delay before children are seen. Under his revised working arrangements with the County Council, Dr. Cammock has conducted at the Unit some in-service training sessions for Health Visitor/Clinic Nurses, which have been of extreme value.

A total of 160 new cases were referred to the Unit during the course of the year; 89 of these coming from the South-East Essex Division, the remainder being referred from the County Borough of Southend, Mid-Essex and Basildon areas. In all a total of 168 children were dealt with of which 45 were found to have normal hearing and in 11 cases, normal hearing returned after treatment. At the end of the year, 78 children were under treatment.

Colchester

The number of referrals to the Clinic during the year was almost the same as last year - 109 in 1969 as against 112 in 1968 but the number of attendances increased from 215 to 258. The arrangement whereby the Medical Officer who attends the Clinic also attends the E.N.T. Consultants Clinic at the Essex County Hospital was put into operation during the year and is working satisfactorily.

Thurrock

It is hoped to establish a Clinic in the Thurrock area during 1970.

The Report of the Advisory Teacher of the Deaf is given in Appendix E.

HANDICAPPED PUPILS

Blind and Partially Sighted Pupils

Twenty-four pupils were registered as blind at the end of 1969, four less than last year, 18 were at residential special schools, 1 at day special school, 2 were awaiting placement and 3 (two under 5 years of age) were not considered to require special educational treatment. Sixty children were registered as partially sighted; 14 were at day special schools, 28 at residential special schools, six were awaiting placement and 12 were not considered to require special educational treatment. Only one of the children on the register as partially sighted was under 5 years of age.

Deaf and Partially Hearing Children

During 1969 three children were newly assessed as deaf and 26 as partially hearing. At the end of the year 56 children were ascertained as deaf and 200 as partially hearing.

The placement of the deaf children was 18 at day special schools, 28 at residential special schools, one at ordinary school, six were awaiting placement and 3 were not considered to require special educational treatment. Fifty-three of the partially hearing pupils were at day special schools, 50 at residential special schools, 24 at ordinary schools and 1 elsewhere. Of these 7 were under five years of age. Sixteen pupils (9 under 5 years) were awaiting placement and 56 (3 under 5 years) were not considered to require special educational treatment.

I am indebted to Dr. D. A. Smyth, Divisional School Medical Officer, for the South-East Essex Division, for the following reports on the special units for partially hearing at the Edward Francis County Junior School and Glebe County Infants School:-

Edward Francis County Junior School Partially Hearing Unit

At the end of the year, the existing unit was reduced to six children. Two of the boys having reached the age of 11 years, were transferred in July, one to Tewin Water in Hertfordshire, and one to East Ham School for the deaf. The fourteen year old girl was transferred to Southend Open Air School and the other boy who was ten years old has been admitted to Chislet Primary School in Kent, and is awaiting a place in the Herne Bay Unit.

Three of the remaining children have been issued with post aural aids. The minor difficulties of fitting behind the ears properly and the management of the central switch were quickly overcome.

These children have been taken on several educational visits, and on public transport - bus, train and tube train.

In November, two mature students from the London University course for teachers of the deaf came for teaching practice of one month.

The progress on the building of the second Partially Hearing Unit at the school is disappointing. It should have been in use in September, it was promised by Christmas, and is still under construction. The second unit is to accommodate the eight children of Junior School age who are housed in a large spare classroom at Glebe Infants School at the moment. These children have visited this school on a number of occasions and have been introduced to the classes into which they will eventually be integrated. We have done all that is possible for these children, but I feel they have not had the opportunities in their education since September, of which they are so much in need, when they should have been with their contemporaries.

Glebe County Infants School Partially Hearing Unit

In January there were - 10 Infant Children
- 7 Nursery Children
- 3 Hearing Children

Eight 7 year old (juniors) are accommodated in a spare classroom in this school as a temporary arrangement until the extra classroom at the Junior Partially Hearing Unit, Edward Francis School is completed. This has been held up for various reasons, but the inconvenience has mainly been felt by the children themselves and their teachers. Integration and participation in the Junior School activities has been impossible under these circumstances.

Four new children were admitted to the Nursery. The Nursery children attend for mornings only until they are old enough to spend the whole day at school. These new three year old children have settled down remarkably well.

Mrs. Doulton resigned and moved away to Surrey, which leaves a vacancy in the Unit which we have so far been unable to fill.

There is a wide age and ability range between 3 years and 6 years and the children are of necessity taken together on more occasions than would be in the case in a normal programmed day, staffed by two teachers.

During the year there were a number of interested visitors and a student on teaching practice. The children had many local outings to shops, the bluebell woods, Rayleigh church and a farm.

Close contact is maintained with the parents through home/school notebooks and many parents come to school occasions, May Queen, Harvest Festival and Nativity plays etc., when they can see their children's work and talk to the teacher.

The Head Teacher attended a course at Manchester University for Head Teachers of schools with Partially Hearing Units attached.

In January 1970 there were - 7 Infant Children
- 6 Nursery Children

Delicate Pupils

There were 340 children on the register ascertained as delicate at the end of 1969, of these 87 were at day special schools, 105 at residential special

schools, 10 at ordinary schools, 10 elsewhere, 18 awaiting placement and 110 not thought to require special educational treatment. Only 2 of all these children were under 5 years of age.

I am indebted to Dr. T. D. Blott, Divisional School Medical Officer for the following report on the Branwood Open Air School at Thurrock:-

“Branwood School

The number on roll at the end of the year was 90, the highest since the school was transferred to South Ockendon. The school is divided according to handicap - approximately one third to delicate children, one third to respiratory conditions and a third to physically handicapped. The increase in the severity of physically handicapped children is causing concern because of the strain being placed on the existing facilities. There has been an increase in the number of incontinent children and those requiring either a wheel chair or a walking aid.

The school is fortunate in that a member of the teaching staff is also a fully qualified physiotherapist and the school nurse is extremely competent. The first sessions of each day are given up to physiotherapy, postural drainage and breathing exercises.

Parents of children receiving treatment are invited to the Wednesday session each week so that they may discuss problems with staff and carry over treatment into the home where possible.

A number of children are on special diet and extra milk and malt extract is provided for children who are underweight. Prescribed medicines are given daily and all children have a head, hand and foot inspection twice a term.

Those children attending the swimming pool have a weekly “verruca” and clean feet inspection.

An Occupational Therapist was appointed during the year.”

Educationally Subnormal Pupils

This is the category of handicap with the largest number of pupils, i.e. 1,697, an increase of 191 on 1968. Of these 378 were newly ascertained during the year. The placements were as follows:-

Day Special Schools	987
Residential Special Schools	244
Ordinary Schools	47
Elsewhere	37
Awaiting placement	273
Registered but not requiring S.E.T.	109
	1,697

Dr. J. L. Miller Wood, Divisional School Medical Officer, Mid-Essex Health Area writes as follows regarding:

"The Hayward School

Routine medical inspections have been carried out annually on all pupils at this school, in addition to the special examinations indicated in a particular child whether related to the child's physical condition or mental or emotional disturbances. Where necessary the child has been referred on for specialist treatment and opinion.

There have been regular meetings about once each term to discuss fully with Educational Psychologists and teachers the progress of the children in the Diagnostic Unit and a joint decision made upon their education in the immediate future.

A pilot scheme is now being implemented to include the Community Care services in the case of those children who are considered to be in need of such care and whose parents are agreeable on the child leaving school, to endeavour to reduce to a minimum the difficulties these children may encounter on entering full employment, and the support needed at this time."

Dr. T. D. Blott writes as follows in respect of:

Dacre School

"During the year 17 children were admitted while 19 left the school, the number on roll being 95. Although all children were E.S.N., the number of additional handicaps were as follows:-

Speech Therapy	23
Maladjusted	6
Epileptic	5
Partial Hearing	3

Educational visits were made to Southend Airport, London Planetarium, G.P.O. Sorting Office, a Fire Station and British Transport Museum. During the Easter Holiday, 17 senior children and 3 members of the staff had a week's boating holiday on Norfolk Broads.

Parents showed a keen interest in the work of the children and attended in increasing numbers the various efforts of the children at Sports Day, Harvest Festival, Open Evening and the Nativity Play and Concert.

The children were particularly pleased to welcome Aged Pensioners to Christmas Lunch."

and also in respect of:-

Treetops School

"Many visitors continue to attend the school and this year many Health Visitors and Student Nurses were welcomed.

Although parents are encouraged to visit at any time, Tuesdays are set aside from 8.30 a.m. until 8.00 p.m. with a view to "getting together" with the staff to discuss problems. Parents and Governors attended meetings in pre-reading and beginning to read, to guide parents.

The Aveley Children's Theatre gave an evening performance to the children and their families - 300 attended.

The Voluntary School Club flourished in 1969. Here they can dance, work in wood or metal, model, play various games, watch T.V. or just talk. Theatre visits have been enjoyed.

In March the school was presented with a 12 seater minibus which is used to convey goods as well as children. This bus was used to convey food and equipment when 50 children went on a School Journey, thus reducing the cost to parents so that more could go.

The Police have been very helpful again - taking a weekly Cycling Proficiency Course. They also began teaching swimming groups in the new covered swimming pool, built with the help of parents, children, teachers and friends.

In September the home made visual aural reading laboratory was brought into use.

The year ended with the usual annual dance to which past pupils were invited and once again 'a good time was had by all'."

Cedar Hall School

I am indebted to Mr. Kirt, Headmaster of Cedar Hall Day Special School, for the following report:-

"Cedar Hall School, which opened in 1966 was initially designed for children 7-16 years but now caters for pupils from 5-16 years; whilst some boys and girls who are physically and emotionally immature stay on for the extended course.

The proof of the necessity for starting children at the youngest possible age is now being adequately demonstrated: pupils who are now aged between 9-12 are far superior academically, socially and physically to those in the 13 to 16 age group; these unfortunately did not have the benefit of the expertise now available at Cedar Hall when they were younger. It is as if they have passed the 'golden age' for learning or in many cases unlearning. Years of frustration through lack of achievement in the normal schools having sapped their mental development and potential. Even though a great improvement can be seen in the older children it is a source of concern when one considers their 'years in the wilderness' are years of wasted mental development. It is gratifying to know that children are now being 'discovered' as requiring specialised educational help when quite young before the years of incorrect treatment have taken their toll. It is now in this younger age group, 5-8 that there is a waiting list, but I'm certain that in the normal schools there are many more children who are under-functioning and who should be at Cedar Hall receiving education suited to their 'ability and aptitude'.

The co-operation between the school and medical and psychological service, having developed over the years, is now very good and of immense value. If the Seeborn Report is ever in some measure implemented, help and co-operation from the Social Services would be most welcome. The very nature of children attending Cedar Hall means parents require help, guidance and understanding in a far greater measure than the school is able to provide. Even though children are bathed, washed, given second-hand or free clothing, fed at lunchtime and sometimes given breakfast careful and courteous counselling in the home would re-inforce the basic necessary

work being done in school. In the same way a Residential Hostel and Sheltered Workshop would back up and so afford a complete service to these underprivileged children. The lack of a speech therapist for Cedar Hall's pupils, at least 50% requiring help and guidance if their all round development is not to be more seriously delayed, is a constant cause for concern.

The value of education is far too often judged by people who only understand the value of a good school by the number of passes obtained in various examinations. The success of Cedar Hall as a teaching establishment depends, however, upon the immeasurable - happiness and interest in work, the happy acceptance of school, the development of correct social attitudes and an awakening of latent academic skills. Our 'metric stick' can only be in relation to the above - how he was when first admitted to Cedar Hall and how he is at this point in time. Without exception parents are delighted with the progress made by their children which in turn helps the teaching staff, knowing their work is appreciated. The success in measurable terms is as under.

Three children, whose standard of attainment and social competence improved, were returned to 'normal schools' during the year. Ten pieces of work by our children were hung at an Art Exhibition held at the Royal Exchange, London and one piece of sculpture sold for 5 gns. At a later exhibition 4 paintings were selected for the regional exhibition with 2 going forward to the International Display.

The 'Friends of Cedar Hall', open to all for a minimum subscription of 2/6 but composed mainly of parents and teachers, is highly active and gives valuable help to the welfare of the children, having provided the school with a new mini bus and money for a garage, and are now working towards the provision of a swimming pool or other amenities."

Children Ascertained as Unsuitable for Education at School

Fifty-one children were ascertained during 1969 as unsuitable for education in school and referred to the Health Committee. Four children already referred to the Health Committee were re-ascertained and re-admitted to the education system.

Maladjusted Pupils

Four hundred and forty five children were on the register at the end of 1969 ascertained as maladjusted. Ninety eight of those were newly ascertained during the year. 306 of those ascertained were at residential special schools, two at an ordinary school and 33 elsewhere. Sixty-six children were awaiting placement and 38 were not thought to require special educational treatment.

The three boarding schools in the County continued to operate throughout the year as did the Hostels at Doucecroft, Kelvedon and Hargrave House, Stansted, which accommodate 16 and 30 boys respectively who attend local schools. A day school for 50 children was opened at Basildon during the year.

Epileptic Pupils

At the end of 1969 there were 56 children on the register who had been ascertained as epileptic, 11 of whom were newly ascertained during the year. Of the 56, seventeen were at residential special schools, two at day special schools and four elsewhere. There were nine children awaiting placement and 24 not thought to require special educational treatment.

Physically Handicapped Pupils

There were a total of 437 children on the register as physically handicapped at the end of the year. Of these, 75 (twenty-five under 5 years of age) were newly ascertained during the year. The placement of these pupils was as follows:-

At Day Special Schools	81
At Residential Special Schools	88
At Ordinary Schools	36
Elsewhere	29
Awaiting Placement	24
Not requiring special educational treatment	179
Total	437

B.C.G. VACCINATION

School children and students in attendance at establishments for further education continued to receive vaccination protection against tuberculosis during 1969.

The following table gives details of the vaccination carried out. -

Division (1)	Number Children Skin Tested (2)	Positive Reactions at Preliminary Test		Number of Children who received B.C.G. Vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex . .	834	31	3.7	750
Mid-Essex	4,478	322	7.2	4,156
South-East Essex . .	1,323	12	0.9	756
West Essex	1,309	102	7.8	1,163
Harlow	1,578	35	2.2	1,402
Thurrock	2,818	350	12.4	1,146
Basildon	840	30	3.6	736
Colchester	1,099	29	2.6	1,019
Administrative County	14,279	911	6.4	11,128

INFECTIOUS DISEASES

Appendix G of this Report gives a table showing the number of notifications of infectious and other notifiable diseases received during 1969 in respect of school children.

HEALTH EDUCATION

In 1969 the number of courses of lectures undertaken in schools and other venues continued to increase throughout the Administrative County.

“Blueprint” for Health Education

The working party, formed to consider a “Blueprint” for Health Education in schools continued to meet throughout the year and considerable progress was made. It is thought that the integration of health education as a

part of a general course designed for all age groups within the senior schools is necessary and should be taught as a separate subject.

The working party suggested that health education should begin in the primary school and that the teachers in these schools must play a large part in the teaching of this subject. Many primary teachers will have already received lecture training in health education in their basic teacher training and it is considered that many would welcome the opportunity to attend further courses in this subject to enable them to become acquainted with the most recent techniques used today. With this in view, it has been recommended, that health education courses designed specifically for teachers should be organised centrally and later at area/divisional level. The need for extra central office staff to cope with this extension of the service has been emphasised.

Smoking and Health

The Smoking and Health campaign undertaken in N.E. Essex schools referred to in previous reports has now been completed.

In May 1967 it was agreed to concentrate a campaign regarding the dangers to health of smoking at the ten to thirteen years age groups. Visits to schools were to be arranged with individual head teachers; a first visit for formal talks together with a film, and a second visit with an accompanying medical officer for questions and discussion. The Division was to be tackled in four separate stages broadly in line with geographic areas, viz: Lexden and Winstree; Harwich and Manningtree; Clacton/Weeley and Halstead.

There are 92 schools in the Division and 84 of these co-operated in the campaign. Of the 8 remaining schools, special arrangements were made for six schools whilst only two schools refused to co-operate, the respective heads feeling that the campaign would not have any significant value to their pupils.

Several secondary schools requested that all the school be covered and not just the first and second years as scheduled. This was readily acceded to.

Attention had to be paid to grouping of pupils within the schools, but at least the top two years of junior schools and the lower two years of senior schools were dealt with. Multiple sessions were held at several schools in an endeavour to keep groups from becoming too great.

Meetings were arranged for head teachers of all schools in the first three areas and the campaign aims explained. The various schools were subsequently visited by the Health Education "team" when arrangements for the campaign visits were made. In the Halstead area however a general meeting was not called, but each head teacher received a letter explaining the campaign and requesting their co-operation. From the level of co-operation received in the latter area, the fact that there had been no formal general meeting in no way appeared

disadvantageous. The pattern which was followed at each school was that one team member introduced the topic, the relationship to disease, the social, commercial and financial aspects taking approximately 15 minutes, followed by a film; the second member then spoke for a similar length of time, developing the theme of the film and also explaining morbidity and mortality statistics, the history of tobacco and other points not covered elsewhere. Whenever possible at least one member of school staff was present.

A second visit was made to each school, usually 2 or 3 weeks later. At this session questions were answered and points of view discussed. It was apparent in most schools that further discussion had taken place at home and many questions originated from parents. Sufficient time was available at some schools to repeat the original message with the aid of film slides. In only two schools was there a dearth of questions.

Films used were as follows: Junior Schools - "Smoking and You"; Secondary Schools - "This is your Lung" or "Time Pulls the Trigger". Some senior forms, where covered by request saw "One in 20,000". An extremely simple "smoking machine" became available and was used at the last few junior schools and created a great deal of interest.

Undoubtedly this campaign was generally well received. Many secondary school pupils admitted that they were already habitual smokers and a good proportion felt that had they known of the dangers when at junior schools, they would not have started to smoke. Many junior schools also had habitual smokers, admittedly few compared to those in secondary schools, and as expected urban areas had more smokers than rural areas. Probably the most surprising "confession" came from a 9 year old Harwich boy who smokes 2 pipes per week in addition to cigarettes. It is felt that, with a very few exceptions, the junior school child is ready to accept, understand and discuss this topic of health education.

This topic is included in the junior school section of the Health Education in Schools Report, and also at the suggested fourth year of secondary schools, to be dealt with by visiting specialists. 75 of the 92 schools covered in the Division are junior schools, and by taking the top two years together, these could be accommodated biannually in a schedule. It is envisaged that a similar programme to that used for this campaign could be followed thus eliminating the necessity to visit the lower years of secondary schools, the pupils having been seen in the respective junior schools. This new schedule could be treated as a repeat of, or extension to, the recent campaign and commence in the Autumn Term, 1970.

Dental Health Education

The extensive dental health programme being undertaken in West Essex Schools continued throughout the year and is comprehensively dealt with in the Report of the Principal School Dental Officer.

PHYSICAL EDUCATION

I am once again indebted to the Chief Education Officer for the Report (Appendix H) by the Senior Adviser of Physical Education.

SCHOOL SWIMMING POOLS

The number of swimming pools at schools in the County continues to increase and over 150 are now in use.

As anticipated in the 1968 report the use of tablets containing chlorinated cyanurates as a method of chlorination has been extended but this method cannot be used at all pools because of difficulty in obtaining equal distribution and the corrosive effect of the chlorine on metal pipework and equipment.

Instances of 'over use' has occurred at some pools, usually the smaller and older types, and in some cases it has been necessary to place restrictions on their use.

ROAD ACCIDENTS

Once again I have to thank the Chief Constable of Essex and Southend-on-Sea Joint Constabulary for the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1969 there were 12 fatal accidents. Of the children concerned, 8 were killed as pedestrians and 3 as pedal cyclists.

Child pedestrians injured	583
Child pedal cyclists injured	257
Children injured (other than as pedestrians or pedal cyclists)	376

Casualties by age groups, 1969

0 - 1	19 (1)
1 - 2	28 (-)
2 - 3	62 (-)
3 - 4	82 (2)
4 - 5	95 (2)
5 - 6	78 (-)
6 - 7	107 (1)
7 - 8	112 (3)
8 - 9	108 (1)
9 - 10	75 (-)
10 - 11	91 (-)
11 - 12	86 (-)
12 - 13	100 (-)
13 - 14	101 (2)
14 - 15	84 (-)
	1,228(12)

The figures in parentheses denote the numbers killed.

Children up to 5 years were responsible for 153 accidents and from 5 to 15 for 723 accidents.

The main causes of accidents for which children were responsible are shown below:-

	Up to 5 years	5-15 years
Pedestrians crossing road NOT masked by a vehicle	72	273
Pedestrians crossing road masked by stationary or moving vehicle	53	165
Cyclists turning right without due care	-	56
Cyclists turning left without due care	-	11
Cyclists losing control or inexperienced	2	23
Cyclists not paying attention	1	26
Cyclists pulling out from offside or nearside without due care	-	27

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1969

Staff

The establishment of dental officers remained at one Principal School Dental Officer, eight Area Dental Officers and 40 Dental Officers, the number of dental officers of all grades in post on 31st December 1969 being the full-time equivalent of 28.2, compared with 27.02 at 31.12.68. This slight improvement in staffing is welcome but is still quite inadequate to inspect and treat all the school children for whom the Authority is responsible. After many years it was possible to recruit an additional dental officer in Harlow, whilst some improvement in the Thurrock Division occurred with additional part-time officers. Owing to staff changes, the greatest need for dental manpower by the end of the year was in Chelmsford itself.

The County Council agreed in April to authorise the establishment of 8 dental auxiliaries, initially one for each Division, and the first of these young ladies took up her whole-time appointment in July in Harlow where her services are a great help to the dental staff considerably under establishment. A second dental auxiliary was appointed to the Loughton Hall clinic in October where again her contribution to the work of the dental team is valuable. Further appointments of dental auxiliaries could not be made during the year owing to the lack of double surgery accommodation but arrangements were in hand to provide extra surgeries at Braintree, Stanford-le-Hope and Aveley clinics by the conversion of existing rooms. The County Council also agreed the recommendation to purchase two mobile dental clinics, the orders for which were placed in October for delivery in March 1970. The purpose of the mobile clinics is to provide surgery accommodation for dental auxiliaries at clinics where it is not possible to make available extra surgeries and alternatively to provide treatment facilities at schools remote, either geographically or because of public transport difficulties, from fixed clinics. Mobile clinics thus afford valuable flexibility in use where they are most needed.

The County Council agreed that the Principal School Dental Officer should attend a course of study in London for the Diploma in Dental Public Health in order to assess its value with a view to consideration being given to assist members of the dental staff to obtain this qualification. The diploma in Dental Public Health registered in 1967 with the General Dental Council as an additional qualification, is primarily intended for those concerned with the administration of public health dentistry. The course which started in October, and arranged by the dental schools of the University of London, extends for one academic year and involves the Principal School Dental Officer's attendance for 2½ days per week.

Liaison with other branches of the profession was maintained, as in previous years, by the Principal School Dental Officer's attendance at meetings

of the Local Dental Committee and of the Dental Advisory Committee of the North East Metropolitan Regional Hospital Board. As Honorary Secretary of the Public Dental Officers Group, and a member of the Representative Board of the British Dental Association, the Principal School Dental Officer maintained close contact with matters affecting the dental profession as a whole. As Mr. A. D. French, Area Dental Officer to the West Essex Division is Honorary Secretary of the Dental Group, Society of Medical Officers of Health, the County is extremely well represented nationally in the sphere of public dentistry.

In May, the Principal School Dental Officer arranged for the Area Dental Officers to pay a one-day visit to the New Cross Training School, London, for dental auxiliaries where they were given every opportunity to seeing all aspects of their training and an insight into their most useful employment.

Dental Auxiliary Workers

As mentioned previously, the first two dental auxiliaries were appointed during the year, one at Harlow and the other at Loughton. They are each assisted in their work by a dental surgery assistant and the Area Dental Officers concerned report their satisfaction with their work, not only on the clinical side but also in the dental health education field where they give talks and produce posters.

In January, a Dental Health Assistant was appointed for duties teaching dental health education in schools and clinics on a whole-time, except for school holidays, basis. The lady appointed to this post has a background as a certified dental surgery assistant and initially received further in-service training in dental health education methods by members of the County Health Education Section. As a result of her appointment it has been possible to expand considerably the amount of dental health education in the schools and her work is considered to be an unqualified success.

The appointment of a dental health assistant was made possible by reducing the establishment of dental hygienists from two to one and in fact the remaining vacancy remained unfilled during the year.

The full-time equivalent of 37.7 dental surgery assistants were in post at the end of the year, one assistant being employed for each dental officer and dental auxiliary, with additional assistants to cover general anaesthetic treatment sessions. Appreciation of the dental surgery assistants loyal and conscientious work is acknowledged as is their contribution to the harmonious working of the dental team. One dental surgery assistant commenced her studies for the examination of the Dental Nurses Association in September and every encouragement is given by the County Council for dental surgery assistants to improve their knowledge and competence.

No dental technicians were employed by the County Council, dentures, orthodontic appliances, crowns and inlays being constructed by outside dental technicians to the profession and the arrangements worked satisfactorily during the year.

Clinics and Equipment

At the end of the year, there were 39 fixed clinics with one surgery only. and 8 clinics with 2 surgeries, giving a total of 55 surgeries available, of which 53 were in use, an increase of 3 more surgeries in use as compared with the previous year. No mobile clinics were in use. The arrangement continues whereby premises of general dental practitioners at Brightlingsea and Caversham (near Reading for the Kennylands school children) were hired on a sessional basis.

The new clinic at Corringham was completed during the year but the dental suite has not yet been equipped. After being closed for several years, it was possible to re-open the dental clinic at Sydenham House, Harlow whilst alterations to provide additional surgery provision were in hand at Braintree, Aveley and Stanford-le-Hope clinics. The new Thundersley clinic was brought into use early in the year.

In the light of recommendations made in the Report of a Joint Sub-Committee of the Central Health Services Council entitled 'Dental Anaesthesia' (H.M.S.O. 1967) that adequate suction apparatus should be provided in dental surgeries where general anaesthetics are administered, ten power operated aspirators were purchased and distributed to those clinics throughout the county where the greatest number of general anaesthetics are given. As finance allows it is planned that during the next two or three years, all dental surgeries will be provided with similar aspirators.

Equipment in existing clinics has been augmented as far as possible to ensure it conforms to modern standards and equipment for new clinics has received very careful thought to ensure its suitability for modern methods combined with value for money.

Arrangements for monitoring the staff concerned with x-rays were repeated during the year and no reports of undue radiation dosage were received as a result.

Inspection and Treatment

The totals of dental inspections, attendances and the types of treatment carried out during the year appear on page 51. The figures appearing in parenthesis hereunder refer to 1968.

A total of 86,080 (81,633) children together with 25,572 (23,488) inspected at clinics, were routinely inspected at school. Some 111,552 (105,121)

pupils out of a total school population of 190,000 received a dental inspection during the year - approximately 59 per cent. This percentage is too low to be considered in any way satisfactory - the aim of the school dental service must be to inspect annually every child at school, offering treatment to those requiring it. Until the staff in post approach the number of the authorised establishment this target cannot be achieved. Policy remains to provide emergency cover for all children and to restrict offers of full treatment to that number of children for whom it was possible to complete treatment within a reasonable period.

46,982 (44,078) pupils were found to require treatment, i.e. 42 per cent of those inspected and 45,244 (42,230) were offered treatment. A further 7,722 (9,968) children were re-inspected at school or clinic during the year of whom 4,726 (5,464) were found to require treatment.

27,745 (26,617) individual children made 70,515 (70,093) attendances for treatment during the year, the average number of visits per child being 2.5 (2.6). 31,234 (30,746) courses of treatment were undertaken of which 23,398 (23,579) plus 2,630 (2,678) emergency treatments were completed, i.e. 76 per cent (77 per cent).

24,695 (23,137) fillings in deciduous teeth and 35,127 (32,988) fillings in permanent teeth were carried out. 12,198 (11,726) deciduous teeth and 3,167 (3,190) permanent teeth were extracted, the ratio of permanent teeth extracted to permanent teeth conserved, 30,517 (28,254) being 1 : 9.6 (1 : 8.8)

6,048 (6,039) general anaesthetics, all of which except for 202 were administered by medically qualified anaesthetists.

489 (515) new orthodontic cases were started during the year and 352 (344) were completed. 120 (177) children requiring rather more complex orthodontic diagnosis and treatment were referred to hospital consultants. 687 (710) removable orthodontic appliances were fitted.

81 (87) dentures were supplied together with 106 (72) crowns and 12 (14) gold inlays constructed by outside dental technicians.

The pattern of treatment carried out was very similar to that of the previous year with a welcome increase in the numbers of permanent teeth filled. 30,517 (28,254).

Approximately 5.2 per cent of the dental officers time was spent on the inspection and treatment of pre-school children and of expectant and nursing mothers. Dental cover was maintained for pupils at schools for the mentally and physically handicapped.

Dental Health Education

Dental health education in Essex is an integral and important part of the School Dental Service. Every effort is made to teach desirable oral hygiene habits to children and every opportunity is taken to meet parents through P.T.A. meetings where advice and information on diet as well as oral hygiene can be given. An article entitled "Dental Health Education in Essex", written by the Principal School Dental Officer and the County Health Education Organiser, was published in the British Dental Journal volume 126, No. 12, p.569-70, 1969, see Appendix I. This article described the efforts made and the techniques used in the County to promote dental health. In brief, by arrangement with the Heads, the dental health exhibition is taken to schools for periods of up to several days depending on the number of pupils and each class in the school receives tuition from the Dental Health Assistant, half an hour in the case of infants and forty minutes in the case of junior children. The children are also shown round the exhibition which comprises a complete set of dental surgery equipment with which the children can familiarise themselves, skulls of animals with different diets and dentitions, posters, displays and illuminated question and answer panels. Dental health films suitable for the age groups being taught are shown to the children and with the co-operation of the teaching staff, painting and essay projects are arranged coincidentally as part of the classroom work. During such visits to schools, meetings usually in the evening, are invariably arranged to which parents are invited in order to see for themselves what their children are being taught. The Principal School Dental Officer, the Area Dental Officer or the County Health Education Organiser give a talk on these occasions and usually a film is also shown. Informal discussion on general and individual dental health matters is encouraged and it is felt that such meetings are of great value not only in disseminating knowledge concerning care of the teeth but also in establishing friendly relations with parents and staff.

The appointment in January of Mrs. Chopping as whole-time dental health assistant, previously mentioned, made possible a great expansion of dental health education during the year, not only in schools but also at welfare clinics. Efforts were concentrated in the West Essex Division where the following schools were visited:-

Thaxted C.P.	Chipping Ongar Infants
Upshire C.P.	Chipping Ongar Junior
High Beech C. of E. P.	Shelley C.P.
Moreton C. of E. P.	Kelvedon Hatch C.P.
Sheering C. of E. P.	Doddinghurst C. of E. P.
West Hatch Technical High School	

Additionally, in response to requests from Heads, visits were made to Dovercourt C.P., Brightlingsea C.P., Milledene C.P., Tiptree, Messing C.P.,

Tiptree Heath C.P., and Great Clacton C.P. Schools in the North East Essex Division, whilst a two week visit was made to the Moulsham Group of schools in Chelmsford. At all these schools each child received an apple, the supplies of apples being donated to the County Council for dental health education by the Fruit Producers Council, whose help and co-operation is gratefully acknowledged. The help of the General Dental Council and the Oral Hygiene Service is also very much appreciated. The Dental Health Assistant re-visits all schools some six months after the main dental health exhibition in order to ensure by means of short refresher talks that the lessons have not been forgotten and that the children are continuing to practice good oral hygiene.

Special Investigations (research)

Several areas of Essex have water supplies containing, naturally, amounts of fluoride at or above 1 p.p.m. which is considered to be the optimum concentration of fluoride which will provide substantial protection against dental decay. In view of the continuing interest and discussion in fluoridation as a preventive measure, a survey was undertaken of the dental condition of five year old school children, approximately equal numbers of children being examined in the naturally fluoridated areas (969) and in the non-fluoride areas within the County (959). These examinations, which were conducted by members of the dental staff, took place during the winter term.

A full report of the survey, together with statistical data, appear in Appendix J of this Report. To summarise the findings, five year old children living in the non-fluoride areas of the County averaged 4.19 decayed, missing and filled teeth, whilst those living in the fluoridated areas averaged 2.27 decayed, missing and filled teeth, confirming world-wide experience that the presence of fluoride in the water supply does confer very significant protection to the teeth against dental decay.

Review of the Dental Services by the Department of Education and Science

Following visits to review the dental services of the County Council on four days during April by Mr. W. G. Everett, a Dental Officer of the Department of Education and Science, a number of points were raised by the Department in a letter dated 23rd October 1969 which appears in full as Appendix K of this report.

The report has been discussed in detail by the appropriate committees, and the specific points raised are receiving attention and action taken as necessary.

It is considered that visits to review the dental services by dental officers of the Department of Education and Science are valuable, and constructive criticism is welcomed as an aid to ensuring the best possible dental service for children. The question of output of work by individual dental officers is a

thorny one, since, apart from individual capacity which may be affected by experience and age, kind and considerate treatment of often apprehensive children is of paramount importance.

Post-Graduate Courses

Four of the Area Dental Officers attended a two-day post-graduate course on 'Efficiency in Local Authority Dental Services' held at the Headquarters of the British Dental Association, Wimpole Street, London, in November. One whole-time dental officer attended a two-day conference in London on dental health under the auspices of the General Dental Council at the beginning of November.

The Principal School Dental Officer and one Area Dental Officer attended the Annual Conference of the British Dental Association held in Bournemouth in June. The Principal School Dental Officer and one Area Dental Officer also attended a one-day symposium held at the Essex County Hospital, Colchester. The attendance of dental officers at post-graduate courses ensures their keeping up to date with the changing concepts of dentistry and allows valuable contact with colleagues in other branches of the profession.

Other Observations

Considerations of finance place some limitation on the development of the School Dental Service but, nevertheless, the year under review has seen the start of the employment of dental auxiliaries and the decision to utilise mobile dental clinics. Uncertainty about the future organisation of the health services remained and it is to be hoped that definite plans will be formulated in the near future and if approved, implemented in a reasonably short period of time since the present uncertainty is not conducive to recruitment and retention of staff.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER 1969

Part I - Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A - Periodic Medical Inspections

Age Group inspected (By year of Birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint) (6)	for any other condition recorded at Part II (7)	Total individual pupils (8)
		No.	No.		(6)	(7)	(8)
1965 and later	279	279	-	-	-	10	10
1964	6,164	6,148	16	-	99	461	549
1963	8,279	8,262	17	-	113	676	773
1962	1,218	1,214	4	66	25	71	95
1961	461	458	3	900	19	26	43
1960	3,098	3,097	1	4,161	103	181	275
1959	1,380	1,375	5	1,517	37	84	117
1958	682	681	1	860	36	36	68
1957	1,155	1,152	3	1,576	37	43	78
1956	1,330	1,330	-	1,336	50	45	94
1955	2,186	2,185	1	398	106	79	179
1954 and earlier	7,181	7,173	8	3,367	462	257	710
TOTAL	33,413	33,354	59	14,181	1,087	1,969	2,991

Col. (3) total as a percentage of
Col. (2) total - 99.82%

Col. (4) total as a percentage of
Col. (2) total - 0.18%

Table B - Other Inspections

Number of Special Inspections	5 942
Number of Re-inspections	11 969
Total	17,911

Table C - Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	134,060
(b) Total number of individual pupils found to be infested.....	598
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944). . .	42
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).. . .	14

Part II - Defects found by Medical Inspections during the Year

De- fect Code No. (1)	Defect or Disease (2)	Periodic Inspections								Special Inspection s	
		Entrants		Leavers		Others		Total			
		*(T) (3)	*(0) (4)	(T) (5)	(0) (6)	(T) (7)	(0) (8)	(T) (9)	(0) (10)	(T) (11)	(0) (12)
4	Skin	93	550	86	212	61	218	240	980	198	56
5	Eyes - a. Vision	268	1,064	491	499	328	497	1,087	2,060	125	364
	b. Squint	100	247	18	37	33	97	151	381	10	37
	c. Other	14	92	6	45	7	56	27	193	3	13
6	Ears - a. Hearing	202	672	27	56	58	243	287	971	59	178
	b. Otitis Media	26	299	4	22	9	72	39	393	2	22
	c. Other	40	173	13	15	6	63	59	251	6	16
7	Nose and Throat	233	1,629	36	137	71	440	340	2 206	53	192
8	Speech	154	421	4	31	32	92	190	544	25	68
9	Lymphatic Glands	22	420	-	20	6	79	28	519	3	29
10	Heart	34	333	6	46	12	110	52	489	6	33
11	Lungs	34	526	15	77	11	196	60	799	12	53
12	Developmental -										
	a. Hernia	27	63	-	6	4	26	31	95	3	5
	b. Other	51	519	9	71	23	217	83	807	12	62
13	Orthopaedic -										
	a. Posture . . .	12	105	8	41	6	63	26	209	5	28
	b. Feet	89	715	30	85	27	240	146	1,040	23	75
	c. Other	22	267	14	83	16	138	52	488	7	34
14	Nervous System -										
	a. Epilepsy . . .	8	51	7	11	6	44	21	106	1	10
	b. Other	4	185	8	44	12	140	24	369	4	18
15	Psychological -										
	a. Development	28	444	7	47	29	261	64	752	12	141
	b. Stability	28	593	7	67	25	354	60	1,014	20	100
16	Abdomen	14	184	4	33	5	63	23	280	4	17
17	Other	56	161	34	63	21	85	111	309	29	82

*(T) = Treatment

*(0) = Observation

Part III - Treatment Tables

Table A. Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1,654
Errors of refraction (including squint)	<u>6,146</u>
Total	<u>7,800</u>
Number of pupils for whom spectacles were prescribed	<u>3,245</u>

Table B. Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	35
(b) for adenoids and chronic tonsillitis .	1,014
(c) for other nose and throat conditions .	131
Received other forms of treatment	<u>1,214</u>
Total	<u>2,394</u>
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1969	34
(b) in previous years	282

Table C. Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,417
(b) Pupils treated at school for postural defects	<u>15</u>
Total	<u>1,432</u>

Table D. Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

	Number of Pupils known to have been treated
Ringworm -	
(a) Scalp	-
(b) Body	-
Scabies	6
Impetigo	4
Other skin diseases	1,419
Total	1,429

Table E. Child Guidance Treatment

	Number of Pupils known to have been treated
Pupils treated at Child Guidance Clinics	2,684 .

Table F. Speech Therapy

	Number of Pupils known to have been treated
Pupils treated by Speech Therapists	1,259

Table G. Other Treatment Given

	Number of Pupils known to have been treated
(a) Pupils with minor ailments	983
(b) Pupils who received convalescent treatment under School Health Service arrangements	67
(c) Pupils who received B.C.G. Vaccination . .	11,128
(d) Other than (a), (b) and (c) above:- Enuresis	598
Total	<u>12,776</u>

**Dental Inspection and Treatment carried out by
the Authority**

Inspections

(a) Pupils inspected at school	86,080
(b) Pupils inspected at clinic	25,572
Number of (a) and (b) found to require treatment .	46,982
Number of (a) and (b) offered treatment	45,244
(c) Pupils re-inspected at school or clinic	7,722
Number of (c) found to require treatment	4,726

Attendances and Treatment

Total visits	70,515
Additional courses of treatment commenced	3,489
Courses of treatment completed	23,398
Visits for emergency treatment	2,630

Fillings.

(a) Permanent teeth	35,127	
(b) Deciduous teeth	<u>24,695</u>	59,822

Teeth filled:

(a) Permanent teeth	30,517	
(b) Deciduous teeth	<u>22,321</u>	52,838

Teeth extracted:

(a) Permanent teeth	3,167	
(b) Deciduous teeth	<u>12,198</u>	15,365

General anaesthetics administered	6,048
Pupils X-rayed	2,203
Prophylaxis	4 362
Teeth otherwise conserved	4 848
Teeth root filled	285
Inlays	12
Crowns	106

Orthodontics

Cases remaining from previous year	677
New cases commenced during year	489
Cases completed during year	352
Cases discontinued during year	86
No. of removable appliances fitted	687
No. of fixed appliances fitted	18
Pupils referred to Hospital Consultant	120

Prosthetics

Pupils supplied with full upper and lower dentures (first time)	3
Pupils supplied with other dentures (first time)	69
Number of dentures supplied	81

Sessions

Sessions devoted to treatment	12,245
Sessions devoted to inspection	683
Sessions devoted to Dental Health Education	164

APPENDIX B

Report on the School Meals Service and Milk in Schools

Mr. D. T. Powell, who took up his appointment as County Catering and School Meals Officer on 1 September, 1969, reports as follows:-

In October, 1968 the Education Committee set up a Working Party to investigate matters affecting the School Meals Service and other County Council establishments where a catering service is provided. During 1969 investigations were made into a number of activities, including the use of prepared vegetables, bulk frozen food and individual frozen meals. Discussions also took place with a view to the planning of menus and ordering of food by computer, along with an investigation into the nutritional content of the food eaten in schools.

The number of children taking dinners on a typical school day in September, 1969 was 124,085 which represents approximately 70% of the children attending school. The number of children taking free meals decreased from 14,517 on a day in September 1968 to 8,125 in September, 1969 as a result of the Government's decision to terminate the automatic provision of free meals for the fourth and subsequent children of school age in each family.

During the year a number of new kitchens were opened at new schools and other schools where improvements were made.

The training of school meals staff has now been extended to kitchen assistants who attend short courses at Divisional training centres. In addition short courses are now being held on menu planning for kitchen supervisors.

A new scheme came into operation in April, 1969 for the bulk purchase and distribution of groceries and provisions to all day and residential establishments from the County Supplies Department. The scheme has now settled down after some initial distribution problems and is proving to be of great benefit to the Service. From the beginning of the spring term, 1969 the use of milk powder was extended to all kitchens in place of fresh milk. This has proved to be successful and has enabled the School Meals Service to absorb some of the increases in the cost of food.

A summary of the relative figures on the consumption of milk and meals is given below:-

Date	No. of Pupils	No. having Dinner	Per cent of Pupils having Dinner	No. having Milk	Per cent of Pupils having Milk
Autumn 1962	266,838	147,569	55.3	220,007	82.2
Autumn 1963	261,110	147,668	56.5	217,203	80.8
Autumn 1964	271,695	161,461	59.4	220,913	81.1
Autumn 1965	154,360	100,382	65.0	122,847	79.5
Autumn 1966	158,283	107,608	68.0	124,981	79.0
Autumn 1967	165,067	117,426	71.1	129,582	78.7
Autumn 1968	171,448	120,627	70.3	96,473*	91.2
Autumn 1969	180,138	124,085	68.9	101,877	91.6

* From Autumn 1968, free milk was provided only for children in primary and special schools. The percentages therefore are calculated on the rolls for those schools.

APPENDIX C

Child Guidance Tables 1969

Table 1 - Cases referred, treated and awaiting treatment

	Col- chester	Chelms- ford	Basil- don	Grays	Harlow	Lough- ton	All Clinics
New cases referred or re-opened during 1969	248	349	565	223	239	112	1,736
Cases seen at the clinic for the first time following referral or re-opening:							
(i) Seen once for diagnostic interview only	45	9	25	36	13	7	135
(ii) Diagnosed and referred for further treatment	103	238	490	141	95	53	1,120
(iii) Others (e.g. those seen only by members of the team other than the Psychiatrist)	46	40	20	4	93	24	227
Old cases who attended the Clinic	123	340	326	148	204	61	1,202
Total cases treated	317	627	861	329	405	145	2,684
Cases at the end of the year:							
Awaiting first appointment	24	69	14	24	12	67	210
Other current cases	330	438	153	330	233	519	2,003

Table 2 - Cases referred by age, sex and Division

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	8	4	84	45	141
Mid-Essex	7	11	210	96	324
South-East Essex	15	12	106	59	192
West Essex	3	2	66	46	117
Harlow	20	14	121	57	212
Thurrock	10	5	116	66	197
Basildon	21	21	152	77	271
Colechester	5	8	59	29	101
Admin. County	89	77	914	475	1,555

APPENDIX D

Child Guidance and School Psychological Service

The number of children assessed by the educational psychologists in 1969 was 2,496. 279 interviews with parents have also been reported.

Staff changes are specified within the reports of the relevant clinics.

There are certain points of general relevance to each of the divisions in Essex.

Infant school teachers are particularly concerned about referring children they feel are, or are likely to be, problems. It is at the infant stage that the problem child may first be identified, and it is here that the effects of adverse home conditions are more noticeable. Although it is usually too early to make special educational provision in most cases before a child is seven or eight years old, it is nonetheless necessary that attempts should be made to identify children with learning problems as soon as possible.

In the light of the importance of early diagnosis it would be of considerable help if the children on the "At Risk" register be made known to the Education Department before they begin school. It may be appropriate and useful for a psychological and educational evaluation to be made of any such children before they begin formal education.

This could readily be done by the School Psychological Service if the names of such children were passed to the psychologists by the Area Medical Officer.

Actual reasons for referral are almost as numerous as children referred. They may be divided into three broad categories; although one referral problem may span two or even all of these categories.

Assessment of Intelligence may be required for a variety of reasons; suspected low (or very high) intelligence, educational advice, or, most frequently, that a parent, teacher or doctor just wants to know the child's general ability level.

Backwardness covers all aspects of educational failure. It is, of course, usually failure to learn to read, and it is for this reason that the training of educational psychologists has a strong emphasis on the identification of reading difficulties. The work of the psychologists and in particular the service carried out, makes the need for a remedial teaching service in Harlow and West Essex manifest.

Behaviour Problems. Schools often turn to the Educational Psychologist or the Child Guidance Clinic for help with behaviour problems. Acting out problems, such as aggression or delinquency, are not, of course, the only behaviour problems, although they may be referred quicker because they are more noticeable and difficult to contain in the school. Other problems such as withdrawal, severe anxiety, sexual problems or just "odd behaviour" are also referred although they may in some ways be more serious, they may also be more amenable to help than the anti-social problems.

While the provision of supervision and advice to special schools for E.S.N. children will continue to be a demand made of educational psychologist, there is no doubt that a great reduction in parental anxiety and, therefore, an increase in the effectiveness of the special provision would result from the wider adoption of the policy advocated by the Department of Education and Science and the Department of Health and Social Security within Circular 11 (61). This refers, of course, to the informal ascertainment of E.S.N. children which, with parental consent, can result in the transfer of a child from normal to special school on an informal basis. The Principal School Medical Officer has, of course, a continuing responsibility under this system to provide medical advice.

The main development of the School Psychological Service has been an increasing involvement with the main stream of education so as to offer a service with a more preventive emphasis. As well as becoming engaged with the pastoral side of secondary school education a more frequent involvement with special education has become possible. Each of the psychologists has a special school responsibility, makes frequent visits to test children and meets the staff. Most of the psychologists have become involved in the in-service training programme for teachers both by personally initiating courses or by assisting at those arranged by the Psychologist to the Education Committee.

Members will find that the psychologists in each Division of Essex are concerned with the need to provide some form of remedial education for children who are experiencing learning difficulties. This may take the form of three allied, but different, kinds of provision. First, *remedial teaching*, appropriately given to children with learning difficulties, who are of below average intelligence. These groups cater for such children whose difficulties are not sufficiently severe as to warrant their placement in a school for sub-normal children but who still require help extra to that given in a normal school. Secondly, *opportunity classes*; these cater for children of average or above average intelligence who are experiencing some learning difficulties, normally with reading. Thirdly, *tutorial classes*; these cater for the needs of children who are suffering from emotional disturbances insufficiently severe to warrant their full-time placement in a school for maladjusted children but who require part-time attendance at such classes as a means of providing a "safety valve" under appropriate supervision.

Surveys. Certain surveys have been carried out in Harlow and in Basildon in particular. While these are expensive in terms of time, the report of the Senior Psychologist in Basildon appears in full since it is a good description of the usefulness of this kind of activity.

HARLOW and WEST ESSEX CLINIC

The past year has been one of change in the Harlow and West Essex School Psychological Service. Mrs. Davis, who had worked in Harlow for nearly three years, left in July to take up an appointment in Edinburgh.

Two psychologists both newly qualified from University College, London, joined the staff in September; Mrs. Eileen Griffith took Mrs. Davis' place working full-time from Harlow. Mrs. Jennifer Latto spends approximately half her time in Harlow and West Essex and half in Mid-Essex. As she is based mainly at the newly established office in Saffron Walden, it is possible to give a considerably improved service to the northern part of the West Essex Division. It is hoped to establish a satellite child guidance clinic in Saffron Walden by about the middle of 1970.

The arduous work of arranging appointments, dealing with clients, typing reports and ensuring the smooth working of a filing system that is, of necessity, quite elaborate, is carried out most competently by Mrs. Martinelli and Mrs. Bull, the secretaries.

During the year, 659 children were interviewed and reported on by psychologists. Table 1 below gives an analysis of children by sex and age group in percentages of this total. Figures in brackets are the corresponding percentages for 1968.

Table 1

	BOYS		GIRLS		TOTAL	
	1969	(1968)	1969	(1968)	1969	(1968)
SECONDARY	14.5	(9.3)	9.8	(7.7)	24.3	(17.0)
JUNIOR	35.1	(34.8)	10.0	(13.1)	45.1	(47.9)
INFANT	21.2	(24.3)	9.1	(10.6)	30.3	(34.9)
TOTALS	70.8	(68.4)	28.9	(31.4)	99.7*	(99.8)*

* The occasional pre-school child tested each year accounts for the remainder.

Sources of referral were as follows:-

	1969	1968
School	75.7	77.8
Child Guidance Clinic	9.8	9.4
Parents	6.0	2.6
School Medical Officer	5.6	4.7
D.E.O. and C.E.O.	2.0	2.7
Others*	0.9	2.8

* Includes Probation Officers, Youth Employment Officers, G.P's etc.

In addition to this work with individual children the School Psychological Service has also carried out surveys among local children with a 10% survey of reading ability in top infant children in Harlow during the summer and a full scale survey of the same group of children in the Autumn when they were in the first year of the Junior school. A brief survey on the teaching of Psychology in schools was also carried out with a report of the findings together with suggested approaches was sent to each secondary school in Harlow and West Essex.

LOUGHTON HALL (SATELLITE) CLINIC

The school population served is now approximately 14,450 and in September 1969 the part-time services of a psychologist based in Harlow were made available for the Epping Urban and Rural areas, which comprise 2,780 of the total school population.

The establishment for the other members of the clinic team remain as in 1969, i.e. four psychiatric sessions per week, one full-time psychotherapist and one full-time psychiatric social worker.

During the year 267 children have been interviewed by the psychologists. Of these, 23 were seen by the psychologist working in the Epping area and their figures are included in the Harlow and West Essex report.

Of the remaining 244 the majority were in junior schools, but the proportion of time spent in infant and secondary schools was nevertheless greater than in the previous year.

The number on the roll at St. Luke's day E.S.N. school has risen from 42 in January 1969 to 86 in January 1970. A fortnightly case conference has been established, attended by the teaching staff, the School Medical Officer and the psychologist. New entrants are admitted at the beginning of each term, the order of priority being decided by an admissions committee convened by the Divisional Education Officer.

The Hereward Special Class continues to take emotionally disturbed children of junior school age. At the secondary stage there is no day provision for children leaving the Hereward Special Class.

Woodcroft School is now officially recognised by the Department of Education and Science as an independent day school for 24 educationally sub-normal children with additional handicaps, of nursery or infant age. At present there are 10 children between the ages of 5 and 7 attending full-time and 2 attending part-time from West Essex. In the absence of a local authority special class for emotionally disturbed children of infant age, the number of referrals to Woodcroft is increasing. L.E.A. provision of this sort is needed.

High View School, for senior E.S.N. boys, continues to take a high proportion of disturbed boys, and there is clearly a need for psychiatric time to be made available to the school. It is hoped that a move in this direction can be made during 1970.

In the Psychologist's Report for 1968 the need for a remedial service in the area of the Loughton Hall Clinic was stressed. A survey at the end of 1968 indicated that 13% of the school population was one or more years retarded in reading, and of these at least 50% were of average or above average ability. Of the 244 children seen by the psychologist during 1969, 60 were considered to be in need of skilled remedial help such as could not be satisfactorily provided within the ordinary school situation. Of these 47 were within the 7 - 11 age group.

It has been agreed in principle that a remedial centre should be established. Since no date has been given and premises are clearly unlikely to be available for some time yet it would seem reasonable to explore the possibility of establishing a peripatetic remedial service, in co-operation with the School Psychological Service, as an interim measure.

County Secondary Boarding Schools - Since September 1969, two of the County Secondary Boarding Schools, Kennylands and Elmbridge have been covered by the Psychologist based on the Loughton Hall Clinic area. In both schools arrangements are now being made from within the existing staffing, for remedial work with small groups of first and second year pupils who were found to be two to four years retarded in reading.

NORTH-EAST ESSEX CLINIC

During the year there has been no slackening in requests for assistance from the School Psychological Service, as will be seen by the fact that 445 children were assessed by the psychologists. The provision of special classes and facilities for children whose needs cannot be met in the normal classroom situation is welcome, but of necessity a proportion of psychologists' time is devoted to provide support and advice to specialist staff. Increasingly the

psychologists are involved in parental interviews which have enabled them to gain information of a child's early history, that can have bearing on the problem, and the advice offered. Although individual cases requiring continuing help are the least profitable use of psychologists' time it is nevertheless occasionally necessary for them to provide such help.

Survey of Gifted Children

Towards the end of the summer the Divisional Education Officer requested that a survey of young gifted children be made. Primary school Headteachers were asked to complete a form stating the names of gifted children in the 7+ and 8+ age groups, i.e. first and second year juniors. They were given some guidance with regard to the selection of these children. The psychologists were thereafter asked to test these children individually and to report on their findings in the early spring of 1970.

In the hope of making students aware of their functions the psychologists and other members of the clinic team again devoted a morning to discuss the work with groups of students at St. Osyth's College.

BASILDON and SOUTH-EAST ESSEX CLINICS

Staffing - Though throughout the course of the year six educational psychologists in all were employed in the two divisions, the staffing ratios approached that recommended by the Summerfield Report only in the last quarter of the year. Staff shortages in Grays led to the employment of the full-time equivalent of one educational psychologist until August, thereby reducing the amount of educational psychologists' time available in the South-East Division and Basildon Urban District. The changes of staff at the end of the school year, however, produced a sounder staffing situation than had been enjoyed for some years. Mrs. Coomaraswamy returned in October from her year at the Institute of Psychiatry and replaced Mr. Flann, who had been seconded for 1969-70 to University College, London, for post-graduate training. Mr. C. Macpherson was employed to work full-time in the South-East Essex Division and there were thus four full-time psychologists employed in the area, yielding a staffing ratio of one educational psychologist to approximately 12,000 children. Though this is an improvement on the ratio that existed in 1968, the position is not as favourable as one might hope and the employment of a further half-time psychologist would do much to ease the long delay in children being seen in some areas and improving the general effectiveness of the Service. 844 new cases were seen by the psychologists this year.

The referral system introduced in this area towards the end of 1968 whereby schools referred all cases of maladjusted and learning difficulty directly to the School Psychological Service continued to operate effectively. School referrals accordingly account for the largest proportion of the new cases seen. Other main sources of referral were from parents direct, Medical Officers and Education Officers in the two Divisions. In both areas, other local authority

agencies (Children's Department, Probation Services and Youth Employment) requested assessment and advice as did Paediatricians in both Billericay and Southend Hospitals. Educational Psychologists were involved in a wide variety of case discussions as a result of this inter-disciplinary involvement and it is evident from the work they did that the School Psychological Service is viewed as a major source of information on development and vocational guidance.

Remedial Teaching

(a) *Basildon*

The provision of remedial teaching within the Basildon Urban District was the subject of a memorandum submitted to the Education Committee in May. One of the main recommendations of the memorandum was that remedial teaching should be arranged on a school basis since the existing provision of remedial teaching arranged under the auspices of the School Psychological Service fell far short of meeting the need for remedial help within the Urban District. For much of the year, therefore, the two teachers employed to teach remedially were dealing with only a very small percentage of the children who needed the kind of individual attention offered in the remedial classes. The fact that two rooms were made available at the former Civil Defence building meant that there was more room of a suitable type made available to the remedial teachers to carry out their work and this greatly improved the quality of the provision offered. The caravan provided by the Jean Norton Trust Fund in association with Wickford Round Table will enable a remedial teaching unit to be established in the Wickford area during 1970. The number of children who attended remedial teaching sessions in 1969 in Basildon was 86 (75 boys and 11 girls).

(b) *South-East Essex*

Remedial teaching continued in the South-East Essex Division on an Urban/Rural District basis (i.e. with school centres which peripatetic teachers visit) and approximately 100 children received remedial teaching during the course of the year. A considerable increase in the amount of help which teachers were able to provide occurred with the allocation of two further teachers to work with the remedial service.

Tutorial Classes

(a) *Basildon*

With the transfer to the Civil Defence building of the remedial classes, the tutorial classes attached to the Springfield School were able to extend their activities considerably. The tutorial class now appears to be well-established within the Urban District as a means of providing short-term treatment for children with a variety of behaviour disturbances not considered serious enough to merit special school placement. In particular, there has been an increase in the number of children from comprehensive schools given temporary placement in

order to overcome reluctance to attend school. During 1969, 83 children - 67 boys and 16 girls - attended sessions at the tutorial classes.

(b) *South-East Essex*

A total of 35 children attended Tutorial Classes for two two-hour periods per week in 1969. Many of the children who attended were able to return to their schools having greatly improved and, in general, the effect of attendance at the Tutorial Class seems to have been beneficial within 1½ terms.

Surveys

In January 1969 a five per cent random sample of all new school entrants to Infant Schools in South-East Essex was tested on an English version of the Predictive Index Test, a scale devised to enable teachers and psychologists to give early warning of potential reading failure. It is hoped that the results of the survey will be sufficiently encouraging to enable psychologists in both Divisions to adopt this initial screening technique as a means of discovering children who will need intensive teaching from the earliest possible moment in their school career.

Since the 1968 survey of reasoning ability in first year comprehensive school pupils had been so effective in demonstrating the spread of ability throughout the neighbourhood catchment areas in order to look at the yearly trends within the school population at this level a further survey of reasoning was carried out in September, 1969. Results of this survey were processed with the co-operation of the Computer Department at County Hall, Chelmsford, and interim results suggest that the last year's trends are repeated.

Lectures and In-Service Training

The demand for lectures on developmental psychology as well as on the more usual educational and behaviour difficulties were great during the course of the year and most of the psychologists employed in both divisions were approached to speak on a number of occasions. Apart from this work, the Senior Psychologist in Basildon was given the task of supervising part of the training of educational psychologists from Swansea University and the Child Guidance Training Centre, London.

Special Education

The special educational facilities available to children in the two Divisions increased further during the course of the year with the opening of a day E.S.N. school in Wickford, Castledon School, and a day school for maladjusted pupils in Basildon, Fairview School. This resulted in there being a further source of treatment both for educational difficulties and behaviour problems and greatly enriched the amount of educational opportunity available.

Counselling

Liaison with the comprehensive schools is greatly improved where one member of the staff is responsible for the records and general pastoral care of those children visiting the Clinic or being seen by the School Psychological Service. Two schools, Woodlands and Chalvedon, now employ trained school counsellors and in both cases, there has been a valuable amount of work done within school by these teachers. Some of the counselling which has previously been done by the Educational Psychologists has been handed over to take place in the school. An extension of the practice of appointing school counsellors would be welcomed throughout the two divisions and it is suggested that the County seriously consider means of aiding those schools wishing to employ a counsellor on a half-time or full-time basis.

Re-Naming of the Basildon Child Guidance Clinic

It has become the practice throughout the country to give the building in which the Child Guidance and School Psychological Services use, the name which does not include the word "clinic". Within this country, many of the existing services operate in buildings which are named variously after famous people to take their name from the locality in which the building is situated. Those working in the Child Guidance Clinic are aware that the name of the building may act as a positive deterrent in some cases. Furthermore, the word "Clinic" does not give an accurate impression of the kind of service offered, especially when one considers that far more work is done in counselling and offering such other services as remedial teaching, etc. than the name would suggest. A request for re-naming has been made to the relevant Committees in Basildon.

THURROCK

During the summer of this year there were many changes of personnel in the School Psychological and Child Guidance Divisional services.

In July Mrs. A. M. Beattie took up an appointment as Educational Psychologist on a full-time basis to serve the Division, to be joined by Mrs. E. Marcer, Educational Psychologist, in September, also on a full-time basis.

Dr. Danos was appointed Medical Director of the Child Guidance Clinic in September to succeed Dr. Newton, who along with Drs. Bates and Waller, retired in August.

Mrs. Staines and Mr. Turner, remedial reading teachers appointed to the Division, continue to maintain a one day per week service to the Clinic, the rest of their week being distributed over the total primary school needs in the Division.

During 1969 the Divisional remedial resources were exclusively catered for by the one Opportunity Class based at Quarry Hill Junior school, which is

established for average to above average ability children requiring consistent environmental and therapeutic help in reading, and the two peripatetic remedial teachers, Mrs. Staines and Mr. Turner who spend two termly rotations in Thurrock primary schools.

Taking account of the numbers of children referred for specific learning problems and the proportion of these found to be in need of remedial help, together with the results of the screening survey conducted in 1968-69, the indications are that facilities available are found to be totally inadequate. As a direct consequence of the 1968-69 survey and the justifiably more acute needs of the Tilbury Manor schools, a four day remedial provision was established at Tilbury Community Centre, commencing January 1970, specifically to provide some alleviation of the difficulties endemic in the child population of the Manor schools. This remedial service is effected on a release basis and supplied by Mrs. Barltrop and Mrs. Bigg on a part-time basis with escort officers provided. The 23 children in the groups already show remarkable progress in reading and in their general attitudes towards learning.

The need for a major increase in the Divisional remedial facilities is demonstrable. The form this would take is suggested by the work of the school psychologists as being the provision of at least one other opportunity class serving the Ockendon area, and an appreciable increase in the peripatetic help available to individual schools or to be shared between schools is urgently required.

Also one tutorial class for emotionally disturbed children is clearly indicated as necessary by this year's work. Other, as yet unmet, needs of Thurrock children suggest that an adolescent advisory service should be provided. This would function on a self-referral basis and would be available to all secondary level youngsters.

MID-ESSEX

1969 was a year of great activity, both at the Clinic and the schools of the Division, 609 children being assessed.

The number of psychologists working in Mid-Essex increased at the beginning of the Autumn term. Miss Spencer joined us in a full-time capacity on 1st October, 1969 and has been responsible for the Brentwood area. Miss Spencer's work is handicapped by the lack of premises in Brentwood, which means that parents and children who cannot be seen in the relevant Brentwood schools, have to come to Chelmsford.

Mrs. J. Latto, Educational Psychologist, joined the staff this year, on 1st September, 1969. She divides her time between this division and the West-Essex Division and has been concentrating on Braintree schools. Mrs. Latto's work in Braintree has indicated clearly that a day school for E.S.N. pupils is very urgent.

She has been organising a survey to assess the need for remedial facilities in Colleges of Further Education and Technical Colleges.

Rannoch Lodge has continued to serve as a Remedial Centre for a large number of children who attend every week, most of them with their mothers who are, as a rule, either seen individually by the Remedial Teachers or who join a mothers' group conducted by one of the Social Workers attached to the Division. This group approach has proved very beneficial to a number of mothers who are in need of this particular type of support.

APPENDIX E

Report by Mr. B. R. Head, Advisory Teacher of the Deaf, 1969

In September a new nursery/infant unit for hearing-impaired children was opened at Mildmay Infants' School, Chelmsford. There is provision for both a nursery and an infant group.

Of the 58 children at present attending units in the county, 40 are infants and 18 juniors.

The number of children under the supervision of the peripatetic service remains fairly constant:

	1969	1968
Pre-school	36	39
Primary	67	78
Secondary	106	96
	209	213

Two meetings for parents of deaf and partially-hearing children were held at Harlow and at Colchester. These were addressed by Mr. J. A. M. Martin, F.R.C.S., Director of the Nuffield Hearing and Speech Centre.

Staffing problems both in units and the peripatetic service remain pressing. Four unit classes currently require qualified teachers of the deaf while the continuing unfilled vacancy for a fourth peripatetic teacher prevents any further development of that service.

On January 1st, 1970, Mr. R. S. Eldridge assumed the duties of Advisory Teacher of the Deaf following Mr. B. R. Head's appointment as Principal Administrative Officer for Special Services in the County Education Department.

APPENDIX F

Children on the Handicapped Pupils Register

	Newly assessed as handicapped in 1969		Receiving special educational treatment						Requiring but not receiving special educational treatment		On Register but not requiring special educational treatment	
	All ages	Under 5 years	At Day Special School	At residential Special School	At Ordinary School	Else-where	Total All Ages	Total under 5 years			All ages	Under 5 years
Blind	1	-	1	18	-	-	19	-	2	1	3	2
Partially Sighted	6	1	14	28	-	-	42	-	6	1	12	-
Deaf	3	2	18	28	1	-	47	1	6	1	3	-
Partially Hearing	26	13	53	50	24	1	128	7	16	9	56	3
Physically Handicapped	75	25	81	88	36	29	234	11	24	10	179	21
Delicate	57	2	87	105	10	10	212	-	18	-	110	2
Maladjusted	98	3	14	306	2	19	341	4	66	-	38	1
E.S.N.	378	47	987	244	47	37	1,315	11	273	13	109	4
Epileptic	11	-	2	17	-	4	23	-	9	1	24	2
Speech Defects	2	2	1	3	-	2	6	2	1	-	11	-
TOTAL	657	95	1,258	887	120	102	2,367	36	421	36	545	35

APPENDIX G

Notification of Infectious and Other Notifiable Diseases in Children between the ages of 5 and 15, 1969

Division	Scarlet Fever	Whoop- ing Cough	Measles	Dysen- tery	Food Poison- ing	Infec- tive Jaun- dice	Tuber- culosis Respi- ratory	Tuber- culosis Other	Others *	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
N.E. Essex	33	-	50	1	2	14	1	-	-	101
Mid-Essex	65	50	230	11	20	29	1	-	-	406
S.E. Essex	51	2	202	135	8	5	5	-	-	408
West Essex	35	7	297	6	5	7	2	1	1	361
Harlow	54	7	645	2	1	11	4	-	-	724
Thurrock	25	1	143	2	4	27	4	1	-	207
Basildon	54	2	132	9	-	7	-	-	-	204
Colchester	28	2	20	7	-	60	-	-	-	117
Total	345	71	1,719	173	40	160	17	2	1	2,528

* 1 Acute encephalitis (post infectious)

APPENDIX H

**This Report by the Senior Adviser for Physical Education has been
submitted by the Chief Education Officer**

The staff of Advisers for Physical Education in the County is now:-

Mr. H. P. Crabtree	- Senior
Miss J. Welby	) - Area Advisers for N.E. Essex, Colchester, Mid-Essex, except for Rural District of Chelmsford and Brentwood.
Mr. R. Hayes	
Miss M. M. M. Toms	) - Area Advisers for West Essex, Harlow, Brentwood and the Rural District of Chelmsford.
Mr. G. F. Harries	
Mrs. E. Evans	) - Area Advisers for South-East Essex, Basildon and Thurrock.
(part-time)	
Mr. R. H. Sussex	

During the year, Mr. R. Morris was appointed County Adviser for Physical Education to the Royal County of Berkshire, and has been replaced by Mr. G. F. Harries.

The further training of teachers continues and, in fact, grows each year, and during 1968 courses were given in the Divisions on many of the facets of physical education. Probably the most important were the courses arranged by the County and given to ninety men and women teachers whilst in residence at the Crystal Palace National Sports Centre. These courses were Educational Dance or Squash or Badminton or Junior School Games or Canoeing and Orienteering.

The third course by Dai Rees, C.B.E. on the Teaching of Golf again deserves mention. It was held this year at Great Baddow Comprehensive School where a good deal of golf is taught on and between the five greens established on the school playing field. There are now over 60 men and women teachers in the county able to teach the rudiments of golf and many of them are doing so.

It is the aim of teachers of physical education, guided by the Advisers, to ensure that all boys and girls in their first two years at secondary school, are taught the fundamentals of our national games and sports. They then towards the end of their school life take part in "options" where they get more practice and specialised coaching in the game or sport they wish to follow after they have left school. It is from these boys and girls that the Essex School teams are chosen by the various Essex County Schools Sports Associations. Again these reached a very high position in national competition. Amongst the best were Badminton, Athletics, Football, Rugby, Cricket and Trampolining.

For the second year in succession, Essex is the Schools Inter-County Badminton Champion of England. Two Essex school leavers won the European Doubles Championship at the Hague in Holland, and the All England boys under 15 championship, and the Open Junior Singles Championship were won by Essex boys.

The Schools Table Tennis Championships again were competed for by over 400 teams.

Over six Sports Halls are now in use, in the schools and within the next year or so there will be over 30 of them. Unfortunately owing to the financial situation money for the initial equipment of these halls has had to be limited.

The Outdoor Activity Centres at Bradwell and in Wales are being extensively used by school parties, and there is no doubt that saturation point will be reached very soon. These centres cater for Sailing, Canoeing, Mountain Walking, Pony Trekking, elementary climbing and camping etc. These activities are often pursued after the children have left school, by those who find no interest in team games.

In such a report as this, the "glamorous" subjects often get the most publicity. Despite this, the normal activities, e.g. team games, dance, gymnastics, athletics, swimming etc. are all being taught to and practised by all boys and girls in our schools.

APPENDIX I

Dental Health Education in Essex

J. C. Timmis¹ L.D.S.
C. E. Williams¹

The mounting of quite elaborate dental health exhibitions in school premises, accompanied by high-intensity dental health teaching to the pupils, class by class, was started in Essex in 1958 at Braintree (Rowntree, 1959) and must certainly have been one of the pioneering efforts of its type. The success of this first campaign led to the formulation of a sustained five-year dental health campaign in the new town of Harlow. This campaign was planned and carried out with the closest co-operation of the (then) Ministries of Health and Education, the General Dental Council, the Oral Hygiene Service, Fruit Producers Council and many other organisations.

A dental officer of the Ministry of Health carried out careful dental examinations of approximately 600 children, consisting of random samples of 200 from each of the age groups 5 years, 8 years and 14 years, in 1960, 1963 and 1966, that is before, during and after the five-year campaign. Similar numbers of Basildon New Town children were examined at the same time to serve as a control. Full dental health exhibitions and teaching were conducted in 25 Harlow schools together with follow-up campaigns some three to six months afterwards and the entire programme was repeated during 1964/65.

The co-operation of local traders and civic authorities was sought and willingly given. In addition, the examining dental officer completed questionnaires designed to discover the oral hygiene, dietary and sweet eating habits of the selected children. It is not yet possible to draw any conclusions as to the success of this campaign since the relevant statistics are still being analysed.

Experience Gained during Harlow Campaign

The great amount of practical experience and 'know how' gained during the course of the Harlow five-year campaign was too valuable to be allowed to lapse and a similar campaign is now taking place in the West Essex Health Area. Following a conference on health education for primary school heads throughout the county requests are received from heads of schools in other parts of the county for the full dental health campaign in their schools and wherever possible this is arranged.

The normal procedure is that the Chief Dental Officer and the County Health Education Organiser call on the heads of selected schools to explain the objects of dental health education, to discuss details and arrange dates. The explanation is made easier by showing the teaching staff a film made by the county council entitled 'Without Extraction'², illustrating the conduct of a

typical campaign in a school. This film was made during the final year in Harlow with teachers and parents specifically in mind and has proved invaluable in stimulating interest at teachers meetings prior to the dental health teaching.

Enthusiastic Co-operation from Teaching Staff

Tribute must be paid to the whole-hearted and enthusiastic co-operation invariably received from all members of the teaching profession. The day before the date arranged for the start of the campaign, members of the health education staff transport and erect the exhibition usually in the school hall and comprising a complete dental surgery suite, models, show cases, question and answer machines, a large fibreglass skull called 'Charlie' and a collection of animal skulls to demonstrate nature's adaptation of the dentition to various kinds of diet. New ideas for exhibition items are constantly being thought up and tried out so as to avoid repetition and staleness.

It is usually possible to teach four classes of pupils per day, two in the morning and two in the afternoon, each class of some 40 children receiving 45 to 60 minutes of instruction. In the case of infants, a shorter period of perhaps 30 minutes is more suitable. The actual teaching of tooth structure, correct brushing, dentally harmful foods, detergent foods and rinsing, together with demonstrating dental surgery equipment and comparative dental anatomy, is normally carried out by a team of two, a member of the health education staff and a dental surgery assistant specially trained in this field.

Flannelgraphs, pictures, filmstrips and oversize models of the teeth, gums and jaws are used during the teaching and volunteers from amongst the children are given liquorice or chocolate to eat to demonstrate the clogging effect of such sweets on the teeth and are subsequently given an apple to bite and chew to show the cleansing effect. Sometimes volunteers are asked to bring a toothbrush to school and clean their teeth after which a disclosing tablet demonstrates the excellence or inadequacy of the brushing.

It is usual, towards the end of the day, for the children in the four classes to come together and to be shown films on dental health, the films varying of course as with the ages of children. Each child receives an apple, supplied free through the Fruit Producers Council and a selection of booklets on dental health which they are encouraged to take home and read. It has usually been possible, in liaison with the school meals service, to arrange that apple slices, celery or carrots are available at the end of school dinner.

Parental Co-operation Sought

During the course of every dental health campaign in schools an invitation is extended to the parents to come along to one or more evening meetings where the Chief Dental Officer, the County Health Education Organiser and the local School Dental Officer explain the objects of the campaign and seek to obtain parental co-operation so that the children can carry out what they have been

taught. Questions are encouraged and it is felt that these occasions afford very valuable opportunities of disseminating dental health knowledge. Usually the evening includes the showing of a film or films.

With the co-operation of the teachers, it is usual for the children to carry out essays and poster work on dental health during the campaign and these are on exhibition when the parents come to the school. Prizes for particularly good work are given, the General Dental Council's jigsaws and toothpaste samples being used for this purpose.

Follow-up Work Must be Done

It is a strongly held belief that follow-up work must be done in each school after the main campaign is over, if a great deal of the time and energy expended is not to be wasted. It is normal practice therefore for a member of the dental health education team to visit the schools some three to four months later to make sure, by further talks and the use of questionnaires, that the lessons of the major campaign are being remembered. Of necessity, due to the time consuming nature of such work, it is not possible to visit all schools even though this work is concentrated almost exclusively in primary schools. Emphasis is placed on dental health education being a normal part of the school curriculum and teacher co-operation is sought to this end.

It is extremely difficult to assess the effect of dental health education but such work is considered to be an integral part of the Essex school dental services and at least the children and those parents who attend the evening meetings cannot plead ignorance of the many causes of dental disease and of the value of correct oral hygiene and good dietary habits.

¹County Council of Essex, Health Department, Chelmsford, Essex.

²16 mm. colour film, running time 14 minutes, available from the County Health Department, County Council of Essex, 85-89 New London Road, Chelmsford, Essex.

Reference - Rowntree, F. St.D. (1959) Brit. Dent. J., 107, 238.

APPENDIX J

The 1969 survey of decayed, missing and filled teeth of 5 year old children living in fluoridated and non-fluoridated areas of Essex

There exist in Essex several areas where the water supplies contain naturally occurring fluoride, sometimes in appreciable amounts. It was decided to carry out a survey of the teeth of 5 year old children living in the naturally fluoridated areas and to compare the findings with those of children living in the non-fluoride districts of the County. The purpose of the survey was to obtain up-to-date information on the dental benefit accruing from fluoridated water at a time when considerable discussion concerning the introduction of artificial fluoridation was taking place.

A calibration meeting of those concerned with the survey was held in Chelmsford in September 1969 when examination technique, recording of findings and the criteria to be used were standardised as far as possible. The examination in school of approximately equal numbers of boys and girls, aged between 5 and 6 years of age was carried out by 9 members of the Essex County Council's School Dental Service during the autumn term 1969. Children under 5, or over 6 years of age at the time of examination were excluded. The d.m.f. index was used as a measure of caries experience and it was agreed that the earliest cavities to be recorded were those in which an Ash No. 54 sickle probe would stick with slight pressure. Examination findings were recorded on Form D.F.1. (Fig. A) by a dental surgery assistant accompanying the examining dental officer. Any erupted permanent teeth or normally shed deciduous teeth were excluded from examination and were not recorded.

It was realised at the outset that the use of several examiners, by reason of inter-examiner variation, might give rise to some criticism as to the accuracy of the findings but the time available, one term, and the distances of one area from another precluded the possibility of one examiner only conducting the survey. The carrying out of epidemiological surveys and other research is regarded as a proper part of the school dental service's duty but at the same time it is important that the normal routine work of the service is interrupted as little as possible.

COUNTY COUNCIL OF ESSEX : HEALTH DEPARTMENT

d.m.f. Survey of 5 year old School Entrants

BOYS
GIRLS

Winter Term 1969

Area _____

Fluoride content _____ p.p.m.

Col. 1	Col. 2	Col. 3			Col. 4			Col. 5			Col. 6
1		Upper Jaw			Lower Jaw			Both Jaws			Total
		d.	m.	f.	d.	m.	f.	d.	m.	f.	d.m.f.
1											
2											
3											
4											
5											
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27											
28											
29											
30											
31											
32											
33											
34											
35											
	TOTAL										

The Communities Examined

Six areas with naturally fluoridated water were included in the survey, as shown below:-

(1)	Clacton	1 p.p.m. F
(2)	Dovercourt and Harwich	1 p.p.m. F
(3)	Colchester town	0.7 - 1.0 p.p.m. F
(4)	Maldon town	0.25 - 5.0 p.p.m. F
(5)	Burnham-on-Crouch	2.5 - 3.5 p.p.m. F
(6)	Braintree and Bocking (parts)	1.0 - 1.6 p.p.m. F

The variations of fluoride concentrations in Maldon, Burnham and Braintree areas require a word of explanation. At times of high water consumption or during times of comparative drought, and it must be remembered that Essex is one of England's lowest rainfall areas, the main piped water supply is augmented and mixed with water from wells which often contains high fluoride concentrations. As an example, the intention of using Chelmsford town as one of the control areas was hastily discarded when it was discovered that two wells containing 5.6 and 5.8 p.p.m. fluoride were occasionally brought into use during dry periods.

Seven areas with negligible fluoride in the water supplies were used as control areas, as under:-

- (1) Harlow
- (2) Grays, Aveley and Stanford-le-Hope (Thurrock area)
- (3) Epping
- (4) Chigwell
- (5) Saffron Walden
- (6) Witham
- (7) Great Baddow

Schools were chosen by respective Area Dental Officers and when approaching Heads of the selected schools to arrange dates and time convenient for the examinations, it was made clear that the examinations were for survey purposes and would not necessarily be followed by subsequent offers of treatment. The willing and most helpful co-operation of Heads is gratefully acknowledged.

COUNTY COUNCIL OF ESSEX : HEALTH DEPARTMENT

Summary of 5 year old children in high and low fluoride areas, 1969

TABLE 2 - All Children

		No. of children inspected	dmf teeth		Children with no dmf teeth		Children with 5 or more dmf teeth	
			Total No.	Average per child				
			(1)	(2)	(3)	No. (4)	% (5)	No. (6) % (7)
Low Fluoride Areas	Harlow	200	1018	5.09	25	12	105	52
	Thurrock	212	1013	4.78	34	16	96	45
	Chigwell	226	978	4.33	54	24	106	47
	Witham	70	259	3.70	23	33	24	34
	Saffron Walden	60	214	3.57	20	33	19	32
	Epping	91	258	2.84	37	41	28	31
	Gt. Baddow	100	279	2.79	35	35	25	25
	Total	959	4019	(1) 4.19	228	24	403	42
High Fluoride Areas	Colchester	426	1111	2.61	137	32	92	22
	Maldon	50	123	2.46	21	42	9	18
	Braintree	192	414	2.16	78	41	32	17
	Dovercourt	100	201	2.01	45	45	15	15
	Clacton	160	283	1.77	72	45	23	14
	Burnham	41	65	1.59	23	56	5	12
	Total	969	2197	(2) 2.27	376	39	176	18
LOW I	Harlow, Thurrock, Chigwell	638	3009	4.71	113	18	307	48
LOW II	Remainder	321	1010	3.14	115	36	96	30
HIGH I	Colchester	426	1111	2.61	137	32	92	22
HIGH II	Remainder	543	1086	2.00	239	44	84	15

(1)	Standard Deviation	+	3.85
		-	
	Standard Error of the Mean	+	0.12
		-	
(2)	Standard Deviation	+	2.26
		-	
	Standard Error of the Mean	+	0.07
		-	
	t	=	13.6
	P		0.001

Findings

959 children of both sexes between the ages of 5 and 6 years were examined in the low fluoride areas and 969 children in the same age group in the high fluoride areas. The total number of d.m.f. teeth and the average number of d.m.f. teeth per child are shown in Table 2. The number, and percentage of the total number, of children examined with no d.m.f. teeth and of those with 5 or more d.m.f. teeth are also shown in this table.

It is clear from Table 2, and statistical tests confirm, that the amount of caries in the high fluoride areas was considerably less than that in the low fluoride areas, whichever index is used. Statistical tests also show that the average d.m.f. teeth per child in three of the low fluoride areas, Harlow, Thurrock and Chigwell, was significantly higher than in the other low fluoride areas of Witham Saffron Walden, Epping and Great Baddow. Similarly in the high fluoride areas the average number of d.m.f. teeth per child is significantly higher in Colchester than in Maldon, Braintree, Dovercourt, Clacton and Burnham-on-Crouch. The figures for these four groups of areas are given at the foot of Table 2. Their characteristics will be discussed below but it may be noted here that the areas in Low II and High II all consist of smaller communities than those in Low I and High I groups, and in view of special features of Colchester (High I) it can be argued that the comparison between Low II and High II gives a better estimate of the effect of fluoride in the waters of Essex than the comparison of all the selected low and high fluoride areas.

A possible reason for the difference between the findings in Colchester and in the other high fluoride areas is discussed later. It will be noticed that the figures for Colchester are closer to those for the better of the low fluoride areas than to those for the other high fluoride areas and in fact the percentage of children with no d.m.f. teeth was somewhat lower in Colchester. There is, however, a statistically significant smaller percentage of children with 5 or more d.m.f. teeth and the average number of d.m.f. teeth in Colchester only just fails to be significantly lower than in Low II at the 0.01 level ($t = 2.56$ with 745 degrees of freedom).

The mean number of d.m.f. teeth in children living in the low fluoride areas combined is 1.85 times that of children in the high fluoride areas combined. Expressed in another way, the caries experience of children in the high fluoride areas is 46 per cent lower than in the low fluoride areas. The number of children in the low fluoride areas with 5 or more d.m.f. teeth is 2.31 times than in the high fluoride areas.

Table 3 shows the average number of d.m.f. teeth per child, the percentage of children with no d.m.f. teeth and the percentage of children with 5 or more d.m.f. teeth in the same areas and groupings of areas as previously, for boys and girls separately. Although the teeth of girls were in general slightly better than those of boys, the difference is not statistically significant.

TABLE 3 - Boys and Girls

		Children Inspected		Average No. of dmf teeth per child		Percent with no dmf teeth		Percent with 5 or more dmf teeth	
		Boys (1)	Girls (2)	Boys (3)	Girls (4)	Boys (5)	Girls (6)	Boys (7)	Girls (8)
Low Fluoride Area	Harlow	100	100	4.88	5.30	13	12	50	55
	Thurrock	106	106	5.11	4.44	13	19	48	42
	Chigwell	106	120	4.89	3.83	21	27	54	41
	Witham	35	35	4.09	3.31	31	34	31	37
	Saffron Walden	31	29	3.32	3.83	32	34	26	38
	Epping	50	41	2.94	2.71	40	41	28	34
	Gt. Baddow	50	50	2.94	2.64	35	34	24	26
	Total	478	481	4.37	4.01	23	25	42	42
High Fluoride Areas	Colchester	214	212	2.34	2.88	31	33	18	25
	Maldon	25	25	2.24	2.68	44	40	16	20
	Braintree	94	98	2.71	1.62	29	52	22	11
	Dovercourt	50	50	2.00	2.02	46	44	18	12
	Clacton	77	83	2.12	1.45	39	51	17	12
	Burnham	21	20	1.38	1.80	62	50	19	5
	Total	481	488	2.30	2.24	36	42	19	18
LOW I	Harlow, Thurrock, Chigwell	312	326	4.96	4.48	16	20	51	46
LOW II	Remainder	166	155	3.25	3.03	36	36	27	33
HIGH I	Colchester	214	212	2.34	2.88	31	33	18	25
HIGH II	Remainder	267	276	2.26	1.75	39	49	19	12

Table 4 shows the number of d.m.f. teeth and the average number of d.m.f. teeth per child broken down into separate decayed, missing and filled components. In all three categories, the numbers in the high fluoride areas are significantly less than in the low fluoride areas. Noteworthy is the high average number of missing, i.e. extracted, teeth per child amongst Harlow children which may reflect the acute shortage of school dentists that has existed for many years in this area.

Columns 7 and 8 in Table 3 give the average number of d.m.f. teeth per child in the upper and lower jaws, and it will be seen that in both the high and low fluoride areas, the lower teeth experience slightly more caries than the upper teeth. This difference is much more marked in the high fluoride areas and is statistically significant.

Table 5 analyses the number of d.m.f. teeth per child by sex and jaw in the four grouped areas. The higher caries incidence in the lower jaw in the high fluoride areas is seen to be due to the larger numbers of decayed, missing and filled teeth, but in the lower fluoride areas there were somewhat fewer decayed teeth in the lower jaw.

TABLE 4 - Decayed, Missing and Filled

		Number of teeth			Average number per child				
		Decayed	Missing	Filled	Decayed	Missing	Filled	Upper jaw	Lower jaw
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Low Fluoride Areas	Harlow	652	192	174	3.26	0.96	0.87	2.55	2.54
	Thurrock	813	68	132	3.83	0.32	0.62	2.31	2.47
	Chigwell	533	80	365	2.36	0.35	1.62	1.98	2.35
	Witham	150	45	64	2.14	0.64	0.91	1.93	1.77
	Saffron Walden	153	8	53	2.55	0.13	0.88	1.80	1.77
	Epping	162	11	85	1.78	0.12	0.93	1.36	1.47
	Gt. Baddow	156	25	98	1.56	0.25	0.98	1.44	1.35
	Total	2619	429	971	2.73	0.45	1.01	2.04	2.15
High Fluoride Areas	Colchester	747	151	213	1.75	0.35	0.50	1.12	1.49
	Maldon	62	23	38	1.24	0.46	0.76	1.18	1.28
	Braintree	265	36	113	1.38	0.19	0.59	1.02	1.14
	Dovercourt	142	9	50	1.42	0.09	0.50	0.84	1.17
	Clacton	188	8	87	1.18	0.05	0.54	0.78	0.99
	Burnham	58	1	6	1.41	0.02	0.15	0.68	0.90
	Total	1462	228	507	1.51	0.24	0.52	1.00	1.27

TABLE 5 - Average number per child of decayed, missing and filled teeth by sex and jaw - grouped areas

		LOW I Harlow, Thurrock and Chigwell	LOW II Remainder low fluoride	HIGH I Colchester	HIGH II Remainder high fluoride
Boys (both jaws)	Decayed	3.30	2.00	1.59	1.51
	Missing	0.60	0.29	0.26	0.12
	Filled	1.06	0.96	0.49	0.63
Girls (both jaws)	Decayed	2.97	1.86	1.92	1.13
	Missing	0.47	0.26	0.45	0.16
	Filled	1.04	0.90	0.51	0.46
Upper jaw (B & G)	Decayed	1.63	1.03	0.76	0.64
	Missing	0.17	0.13	0.13	0.05
	Filled	0.46	0.43	0.23	0.21
Lower jaw (B & G)	Decayed	1.50	0.91	0.99	0.67
	Missing	0.36	0.14	0.23	0.09
	Filled	0.59	0.50	0.27	0.33
All children	Decayed	3.13	1.93	1.75	1.32
	Missing	0.53	0.28	0.35	0.14
	Filled	1.05	0.93	0.50	0.54

Discussion

Difficulty arises from the problem of matching fluoride and non-fluoride areas as regards socio-economic, industrial and geographic characteristics within the County of Essex. For example, Thurrock is an industrial Thames-side community on the borders of Greater London and Harlow is a new town largely composed of re-located ex-London families. In the case of Harlow the position is further complicated in so much as a 5 year dental health campaign was conducted in the town in conjunction with the then Ministry of Health during the years 1960 to 1966. However, as previously mentioned, many possible control low fluoride areas had to be discarded owing to the bringing into use during times of low rainfall, wells containing significant concentrations of fluoride.

Of the high fluoride areas, only Colchester could be described as partly industrial. Maldon and Braintree have a certain small percentage of industry, whilst Dovercourt, Clacton and Burnham-on-Crouch are almost entirely residential. The peculiar problem in Colchester, previously alluded to, arises from sizeable army installations in the town and including a large number of transient army families. The children of such families, who attend local authority schools, and hence included in these examinations, will not have experienced for more than a short time the benefit of fluoridated water.

The dental officer concerned with the Colchester examinations therefore enquired of the residential status of the children inspected. As a result it is known that there were 54 children transiently resident who had an average d.m.f. rate of 6.68. None of these children had a caries free mouth nor any with only one d.m.f. tooth. It seems unlikely that this could indeed be the case and more reasonable to assume that such children were missed during the inspections. Their number may be estimated from the distribution for the Low I group figures as 13. This results in 67 transiently resident children with an average d.m.f. per child of 5.16 and 359 permanently resident children with an average d.m.f. per child of 2.13. The caries experience difference between children known definitely to be permanently or transiently resident is highly significant and is the main reason for the Colchester findings being shown separately in Tables 2, 3 and 5.

Comparison of the Essex findings of 4.19 and 2.0 d.m.f. teeth per child with other surveys carried out amongst 5 year old children in other parts of the United Kingdom show that they conform broadly with other findings. These findings are summarised in Table 6.

These findings may be compared with Grand Rapids (study area) and Muskegon (control area) U.S.A. findings in 1951 of 2.27 and 5.25 d.m.f. teeth per 5 year old child respectively, a percentage reduction of 45.

Table 7 shows a comparison of 5 year old children caries-free, and again, the Essex findings would appear to conform to the general pattern found elsewhere.

TABLE 6 - Comparison of Essex findings with other surveys
5 year old children

Survey	Non-Fluoride	Fluoride	Approximate Percentage reduction
Weaver 1950	4.4 North Shields	1.8 W. Hartlepool	59
Millward 1967	4.3 Maidstone	1.8 Watford	58
Warwickshire 1968	4.3	3.5 (after 4 yrs. F)	19
Russell 1969	4.09 York	1.49 W. Hartlepool	64
James ⁽¹⁾ 1969	5.34 Saffron Walden	1.08 W. Mersea	80 ⁽³⁾
Dept. of Health ⁽²⁾ (1969)	(2.9 Sutton (	1.6 Watford	45
	(4.8 Bodafon	2.9 Gwalchmai	40
Essex 1969	4.19	2.27	46
Essex 1969 selected area	3.14	2.00	36

(1) Unpublished data - personal communication

(2) d.m.f. data relates to deciduous canines and molars only

(3) Mean d.e.f. molar teeth

TABLE 7 - Percentage of 5 year old children caries-free

Survey	Non-Fluoride Areas	Fluoride Areas
Millward 1967	17.7% Maidstone	41% Watford
Russell 1969	22.4% York	51.2% W. Hartlepool
Dept. of Health 1969 (11 year report)	27% control	40% Study
Essex 1969	24%	39%

It is not possible to draw meaningful comparisons of the number of children with 10 or more d.m.f. teeth between Essex and other surveys owing to differences in presentation of data. The Ministry of Health report in 1961 after

five years of fluoridation quotes the control areas having 11.5%, and study areas 1.6%, of children having 10 or more deciduous canines and molars affected by caries. Essex findings, counting all deciduous teeth show 9.5% and 2.5% for the low and high fluoride area children respectively. But whereas in the Ministry of Health's report, only children who have lived continuously in the study and control areas from birth participated, in the Essex survey there was no such restriction and the figures, therefore, may be expected to understate the true benefit of caries reduction due to fluoride in the drinking water.

The Essex findings have been looked at to see if it were possible to correlate the concentration of fluoride with the degree of caries experience. The small numbers of children examined in the two highest fluoride areas, Maldon and Burnham-on-Crouch, preclude the drawing of conclusions although perhaps it is worth noting that the lowest average d.m.f. per child 1.59, occurred in Burnham which has the highest average fluoride concentration of 2.5 to 3.5 p.p.m. Further investigation is needed.

Although the Essex survey was concerned solely with caries, it is of interest that no examining dental officer, on questioning, recalls having seen any disfiguring fluorosis in the deciduous teeth.

A d.m.f. survey carried out during the autumn of 1969 amongst Essex five year old children living in naturally fluoridated and non-fluoride areas is described and the findings compared with other surveys of 5 year old children. Caries experience of the Essex children in high fluoride areas (ranging from 0.7 to 5.0 p.p.m. F) was found to be 46% lower than that observed in the low fluoride areas (ranging from 0.1 to 0.5 p.p.m. F). These findings conform to the pattern found in similar surveys carried out in other parts of the United Kingdom and of the world.

APPENDIX K

Review of the Dental Services by the Department of Education and Science

Sir

1. I am directed by the Secretaries of State for Education and Science and Health and Social Security, to say that they have had under consideration a report of one of their dental officers, Mr. W. G. Everett, made after his visit on 8, 9, 10, 15 April 1969, to review the Essex County Council dental services.

2. It is noted that the percentage of the school population inspected each year has decreased from 65% in 1966 to 56% in 1968 and the numbers inspected have decreased by 8% while the staff of dental officers has increased. The aim of the service is the annual inspection of all children with offers of treatment for those who require it. Inspecting children in clinics rather than at school is time consuming and disruptive to school work, but between 1965 and 1967 this practice had increased by 50%, thus reducing the chairside hours available for treatment. The output of clinical work per dental officer is 10% below the national average and steps should be taken to rectify this.

3. The present ratio of school children to each dental officer is, over the Authority as a whole, slightly less favourable than the national average, but their geographical distribution has produced excessive overloading in some areas. The Authority should take steps, however, to achieve a more equitable deployment of its available staff and Harlow and Grays Thurrock should receive staffing assistance. The appointment of dental auxiliaries who will treat very young children will enable dental officers to devote more time to the other forms of dental treatment which school children may require. It is suggested that the Authority should consider the appointment of an orthodontist, who would be available to give advice to the dental officers and undertake treatment of complicated cases.

4. The well-established programme of dental health education is being maintained. Importance is attached to this part of the service and the Authority's contribution is to be commended. The co-operation between the dental staff and the dental health education section will ensure continuing success in this field.

5. It is noted that there has been an increase in the amount of treatment given to maternity and child welfare patients and that information about this service will be included on the school appointment card. The appointment of dental auxiliaries will permit the further development of a comprehensive service for pre-school children and the Authority's plans are commended. It is suggested that a 3-year-old birthday card scheme be considered for the better staffed areas.

6. It is noted that the Area Dental Officers have responsibility for certain administrative matters in their divisions. They should ensure that the organisation of their area is efficient and that the Principal School Dental Officer, who has overall responsibility for the Authority's Dental Service, is consulted before any major decision is taken.

7. The Authority's decision to utilise mobile dental surgeries is welcomed. The standard of dental surgery accommodation and equipment is generally satisfactory, and the Authority's progress towards the replacement of the Glasson House clinic is noted. Plans for creating additional surgeries where possible in single surgery clinics will facilitate the employment of dental auxiliaries. While the present economic situation precludes all but the most urgent financial expenditure, the eventual implementation of proposed improvements and modernisation of equipment will ensure the maintenance of a high standard of dental surgery accommodation within the county dental service.

8. A copy of this letter is being sent to the Authority's Chief Education Officer. Any comments by the Authority on the points raised in this letter would be welcomed in due course.

I am Sir
Your obedient Servant

Miss P. Cartwright
Special Services Branch

APPENDIX L

MINOR AILMENT CLINICS

COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester	Friday p.m.
Central Clinic, East Lodge Court, High Street, Colchester	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester	Wednesdays p.m.

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	Tuesdays a.m.
Health Services Clinic, Burnham-on-Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford	Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday a.m.
St. Peter's Room, Coggeshall	2nd Monday a.m.
St. Mary's, Kelvedon	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday a.m.
Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	2nd and 4th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moulsham Estate, Chelmsford	4th Thursday p.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Thursdays p.m.
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Health Services Clinic, Rocheway, Rochford	Alternate Wednesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Kenneth Road, Thundersley	2nd and 4th Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	1st, 3rd and 5th Mondays a.m.
Health Services Clinic, High Road, South Benfleet	1st and 3rd Fridays a.m.
Health Services Clinic, London Road, Hadleigh	2nd and 4th Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	Alternate Wednesdays a.m.
Health Services Clinic, Ferry Road, Hullbridge	1st and 3rd Wednesdays a.m.

THURROCK DIVISION

Health Services Clinic, Hall Road, Aveley, South Ockendon	Thursdays a.m.
Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Health Services Clinic, London Road, Tilbury	Fridays a.m.
Health Services Clinic, Wharf Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
Health Services Clinic, 107 South Road, South Ockendon	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon	Thursdays and Fridays a.m.
Health Services Clinic, Community Centre, Horndon-on-the-Hill	1st Thursday p.m.

Health Services Clinic,
Giffords Cross Road, Corringham Wednesdays a.m.

WEST ESSEX DIVISION

Health Services Clinic,
56 New Street, Dunmow 2nd and 4th Mondays a.m.

Health Services Clinic,
15 Regent Road, Epping 1st and 3rd Tuesdays a.m.

Health Services Clinic, Loughton
Hall, Rectory Lane, Loughton 2nd, 4th and 5th Wednesdays a.m.

Health Services Clinic,
69 High Street, Saffron Walden Tuesdays a.m. - when required

Quaker Meeting House,
Stansted 2nd Thursday p.m.

Health Services Clinic,
The Cedars, Waltham Abbey 2nd and 4th Mondays a.m.

Health Services Clinic,
Bowes Field, Ongar 1st and 3rd Tuesdays a.m.

Health Services Clinic,
Buckhurst Way, Buckhurst Hill 1st and 3rd Wednesdays a.m.

HARLOW DIVISION

Addison House,
Fourth Avenue, Harlow Alternate Mondays a.m.

Keats House,
Bush Fair, Harlow Every Wednesday a.m.

BASILDON DIVISION

Health Services Clinic,
Laindon Road, Billericay Thursdays a.m.

Health Services Clinic,
Craylands, Basildon Wednesdays a.m.

Health Services Clinic,
Great Oaks, Basildon Fridays a.m.

Health Services Clinic,
Florence Road, Laindon Tuesdays a.m.

Health Services Clinic,
High Road, Pitsea Thursdays a.m.

Health Services Clinic,
Market Road, Wickford Mondays a.m.

SPECIALIST CLINICS

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division:		
Ophthalmic	12	Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
North-East Essex Division:		
Ophthalmic	8	Dr. H. S. Sweet
Ear Nose and Throat	1	Mr. J. M. Green
Mid-Essex Division:		
Ophthalmic	27	Mr. Das-Gupta Dr. D. J. S. Nicol Dr. J. J. Reilly Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
South-East Essex Division:		
Ophthalmic	6	Dr. B. C. Dench
Audiology	2	Mr. A. N. Cammock
Thurrock Division:		
Ophthalmic	14	Dr. W. H. Clark
In addition there are 16 Orthoptic sessions a month		
West Essex Division:		
Ophthalmic	7	Dr. A. G. Karseras Dr. M. N. Laybourne
Orthopaedic	1	Mr. K. Dalliwall
In addition there are 2 Physiotherapy and 2 Orthoptic sessions a week		
Harlow Division:		
Orthopaedic	2	Mr. H. Poirie
Basildon Division:		
Ophthalmic	10	Dr. D. J. S. Nicol Dr. B. G. Dias Dr. W. H. Clark

CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of staff	Posts filled at 31.12.69	No. Weekly Sessions
Winsley House, High Street, Colehester.	36,145	Psychiatrists (Part-time - 8 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 4)	2 (8 sessions) 3 2 1 1 3	8 - - - - -
Rannoch Lodge, 146 Broomfield Road, Chelmsford.	45,682	Psychiatrists (Part-time - 9 sessions weekly) Psychologists (Whole-time - 4) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 4)	2 3 3 (part-time) - 3 (part-time) 5 (part-time)	10 - - - - -
Great Oaks, Basildon	49,363	Psychiatrists (Part-time - 10 sessions weekly) Psychologists (Whole-time - 4) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 4) Clerks (Whole-time - 4)	2 4 (whole time) 1 (part-time) 1 - 4 4	10 - - - - -
Whitehall Cottage, Whitehall Lane, Grays.	21,254	Psychiatrists (Part-time - 6 sessions weekly) Psychologists (Whole-time - 2) Social Workers (Whole-time - 1) Psychotherapists (Whole-time - 1) Clerks (Whole-time - 2) Peripatetic Remedial Teacher (Whole-time - 1)	2 (6 sessions) 2 (4 sessions) 1 (part-time) - 2 2 (part-time)	6 - - - - -

CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.69.	No. Weekly Sessions
Galen House, Town Centre, Harlow.	Harlow 19,963	Psychiatrists (Part-time - 10 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 3)	1 (6 sessions) 3 3 1 (whole-time) 3 (part-time)	6 - - - -
Loughton Hall, Loughton.	West Essex 12,075 14,450	Psychiatrists (Part-time - 4 sessions weekly) Psychologists (Whole-time - 1) Social Workers (Whole-time - 1) Psychotherapists (Whole-time - 1) Clerks (Whole-time - 2)	1 (4 sessions) 1 1 1 2	4 - - - -

